

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE

460

Page 1 of 2602

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/

Officeholder Committee

(Also Complete Part 7.)

## 2. Type of Statement:

☐ Pre-election Statement

☒ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1375287

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Newsom for California Governor 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Francisco</u>	<u>CA</u>	<u>94104</u>	<u>( ) -</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 333-1344 / Newsom2018@deaneandcompany.com

## Treasurer(s)

NAME OF TREASURER  
Gavin Newsom

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Shawnda Deane

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/30/2018 By Shawnda Deane

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/30/2018 By Gavin Newsom

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 2602

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Gavin Newsom

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: Governor  
Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Kentfield CA

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Newsom for California Lieutenant Governor 2014	I.D. NUMBER 1333762		
NAME OF TREASURER Gavin Newsom	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			
CITY Sacramento	STATE CA	ZIP CODE 95815	AREA CODE/PHONE (916) 285-5733

COMMITTEE NAME Safety for All, Yes on Prop. 63, Newsom Ballot Measure Committee	I.D. NUMBER 1380675
NAME OF TREASURER Shawnda Deane	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	

CITY Sacramento	STATE CA	ZIP CODE 95815	AREA CODE/PHONE (916) 285-5733
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## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b> Page 3 of 2602 I.D. NUMBER 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$4,594,034.65	\$9,919,916.24
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$4,594,034.65	\$9,919,916.24
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$51,870.15	\$110,527.18
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$4,645,904.80	\$10,030,443.42

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$1,081,759.57	\$1,969,237.87
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$1,081,759.57	\$1,969,237.87
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$11,022.30)	\$56,728.84
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$51,870.15	\$110,527.18
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$1,122,607.42	\$2,136,493.89

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$13,096,818.03	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$4,594,034.65	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$53,104.81	
15. Cash Payments .....	Column A, Line 8 above	\$1,081,759.57	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$16,662,197.92	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$56,728.84

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 4 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	7-Eleven, Inc. Irving, TX 75063	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$3,500.00	2018P: \$3,500.00
10/16/2017	Adam Aasen San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Eagle Holdings Real Estate Private Equity	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Manuel A. Abascal Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins, LLP Partner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/15/2017	Abbas Kashani, M.D., Inc. Manteca, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$4,389,273.36
2. Amount received this period - unitemized contributions of less than \$100 .....	\$204,761.29
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$4,594,034.65

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/7/2017	Farzaneh Abhari Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Benjamin Achtenberg Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oakland Unified School District Teacher	\$1,000.00	\$1,000.00	2018P: \$1,005.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Richard Ackerly Decatur, IL 62526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Ackerly Educator	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>6</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Richard Ackerly Decatur, IL 62526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Ackerly Educator	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Dawn Ackerman San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OutSmart Office Owner	\$50.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 7 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Kalen Ackerman Stinson Beach, CA 94970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resolute Energy Executive Assistant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Kalen Ackerman Stinson Beach, CA 94970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resolute Energy Executive Assistant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Kalen Ackerman Stinson Beach, CA 94970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resolute Energy Executive Assistant	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>8</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Kalen Ackerman Stinson Beach, CA 94970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resolute Energy Executive Assistant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Kalen Ackerman Stinson Beach, CA 94970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resolute Energy Executive Assistant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 9 of 2602
		I.D. Number 1375287

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NAME OF FILER  
Newsom for California Governor 2018

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12/30/2017	Kalen Ackerman Stinson Beach, CA 94970	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resolute Energy Executive Assistant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Leah Ackerman Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arcadis Engineer	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Barbara Adams Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$145.00	2018P: \$145.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>10</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Barbara Adams Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Barbara Adams Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 11 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Barbara Adams Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/5/2017	Garlan Adams San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avanir Attorney	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Garlan Adams San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avanir Attorney	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 12 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Garlan Adams San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avanir Attorney	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Garlan Adams San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avanir Attorney	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>13</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Gordon Adams Orange, CA 92865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Neil Adams San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blueprint Studios Business Development	\$50.00	\$650.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Neil Adams San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blueprint Studios Business Development	\$50.00	\$650.00	2018P: \$800.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>14</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Neil Adams San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blueprint Studios Business Development	\$50.00	\$650.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Neil Adams San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blueprint Studios Business Development	\$50.00	\$650.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 15 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Neil Adams San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blueprint Studios Business Development	\$50.00	\$650.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Neil Adams San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blueprint Studios Business Development	\$50.00	\$650.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Stephen Adams San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sterling Bank & Trust Banker	\$250.00	\$775.00	2018P: \$1,650.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>16</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Stephen Adams San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sterling Bank & Trust Banker	\$175.00	\$775.00	2018P: \$1,650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	David Addis Oakland, CA 94601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McKinsey & Company Design Director	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 17 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Marcy Adelman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcy Adelman Psychologist	\$250.00	\$250.00	2018P: \$2,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Adelson, Testan, Brundo, Novell & Jimenez Westlake Village, CA 91361	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
8/7/2017	Lou Adler Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lou Adler Producer	\$500.00	\$500.00	2018P: \$1,000.00
10/25/2017	Virginia Afentoulis Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Environmental Scientist	\$5.00	\$106.00	2018P: \$106.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 18 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Michael Agins San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Agins Designer	\$100.00	\$1,200.00	2018P: \$3,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Michael Agins San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Agins Designer	\$100.00	\$1,200.00	2018P: \$3,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 19 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2017	Michael Agins San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Agins Designer	\$100.00	\$1,200.00	2018P: \$3,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Michael Agins San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Agins Designer	\$100.00	\$1,200.00	2018P: \$3,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Michael Agins San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Agins Designer	\$100.00	\$1,200.00	2018P: \$3,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>20</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Michael Agins San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Agins Designer	\$100.00	\$1,200.00	2018P: \$3,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	John Aguilar Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside County Deputy Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>21</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	John Aguilar Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside County Deputy Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	John Aguilar Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside County Deputy Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	John Aguilar Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside County Deputy Director	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>22</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	John Aguilar Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside County Deputy Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Giovanni Airghi San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackson Place Cafe Owner	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 23 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2017	Gregory Akselrud Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stubbs Alderton & Markiles, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/10/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$5.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$5.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 24 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$5.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$5.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>25</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$5.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 26 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$5.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Nancy Aktas Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Warrior, Inc. Food Demonstrator	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 27 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Alaleh Kamran, A Professional Corporation Encino, CA 91436	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2018P: \$100.00
10/26/2017	Tim Alborg San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zagster Director of Public Policy	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Clifton Albright Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Albright, Yee & Schmit, APC Attorney	\$1,000.00	\$1,000.00	2018P: \$1,005.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>28</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	David Alcorn Graegle, CA 96103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Alcorn Book Designer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/8/2017	Karen Alden Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>29</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Jane Alexander San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Align Traders, Inc. San Jose, CA 95112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/7/2017	Alioto Law Firm San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/8/2017	Angelina Alioto-Grace San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Alioto-Grace Attorney	\$500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 30 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Michela Alioto-Pier San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michela Alioto-Pier Winemaker	\$500.00	\$500.00	2018P: \$1,000.00
7/10/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$25.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$25.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>31</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$25.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$25.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$25.00	\$285.00	2018P: \$285.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>32</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$5.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$25.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>33</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/2017	Alexandra Allan Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Human Resource Business Partner	\$5.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Christopher F. Allen Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2018P: \$500.00
9/1/2017	Kimberly Allen Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNICEF Nutrition Specialist	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 34 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Kimberly Allen Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNICEF Nutrition Specialist	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Lauren Allen Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Allen Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Lauren Allen Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Allen Teacher	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 35 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Lauren Allen Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Allen Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Lauren Allen Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Allen Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>36</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Michael Allen Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Allen Attorney	\$100.00	\$900.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Michael Allen Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Allen Attorney	\$100.00	\$900.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Michael Allen Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Allen Attorney	\$100.00	\$900.00	2018P: \$1,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 37 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Michael Allen Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Allen Attorney	\$100.00	\$900.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michael Allen Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Allen Attorney	\$100.00	\$900.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 38 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Michael Allen Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Allen Attorney	\$100.00	\$900.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Andrea Alliette Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Amber Allred San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navdy Director of People Operations	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>39</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Amber Allred San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navdy Director of People Operations	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Amber Allred San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navdy Director of People Operations	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 40 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Amber Allred San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navdy Director of People Operations	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Amber Allred San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navdy Director of People Operations	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Amber Allred San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navdy Director of People Operations	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>41</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Allstate Insurance Company Northbrook, IL 60062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$25,000.00
7/10/2017	Elnora Allyne-Lamberts Bermuda Dunes, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$475.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Elnora Allyne-Lamberts Bermuda Dunes, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$475.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>42</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Elnora Allyne-Lamberts Bermuda Dunes, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$475.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Elnora Allyne-Lamberts Bermuda Dunes, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$475.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>43</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Elnora Allyne-Lamberts Bermuda Dunes, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$475.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Elnora Allyne-Lamberts Bermuda Dunes, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$475.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Marta Almlí Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Physician	\$100.00	\$100.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>44</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Suzun Almquist Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$140.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Joel Altman Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>45</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Joel Altman Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Bruce Alton Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Bruce Alton Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>46</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Alvarez & Associates, Inc. Chicago, IL 60646	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/15/2017	Amaash Corporation Pleasanton, CA 94566	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
12/15/2017	American Pet Hospital Modesto, CA 95355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
10/20/2017	Ashok Amritraj Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hyde Park Entertainment Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received


Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 47 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2017	Sherly Amster Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Darin Anderson Newport Beach, CA 92660 Memo Reference: IDT97389	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salas O'Brien Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Scott Anderson San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rational Patent Exchange (RPX) Finance	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>48</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Shelby Anderson Rancho Cucamonga, CA 91739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Metropolitan Transportation Authority Customer Information Supervisor	\$50.00	\$250.00	2018P: \$250.00
8/31/2017	Shelby Anderson Rancho Cucamonga, CA 91739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Metropolitan Transportation Authority Customer Information Supervisor	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Shelby Anderson Rancho Cucamonga, CA 91739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Metropolitan Transportation Authority Customer Information Supervisor	\$100.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>49</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Andes Construction, Inc. Oakland, CA 94601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
9/27/2017	John Andreas West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	John Andreas West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>50</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Christer Andreasson San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$115.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Christer Andreasson San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b> Page 51 of 2602 I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Christer Andreasson San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Christer Andreasson San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Christer Andreasson San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$115.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>52</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Chiata Andres San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fine Arts Museum of San Francisco Education Assistant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Scott Andrews Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cogenia Partners, LLC Consultant	\$250.00	\$350.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>53</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Angela Alioto Professional Law Corporation San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,800.00	\$2,800.00	2018P: \$2,800.00
7/30/2017	Jean Angelelo Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$552.50	2018P: \$752.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Jean Angelelo Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$552.50	2018P: \$752.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>54</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Jean Angelelo Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$552.50	2018P: \$752.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Tonya Antle Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Produce Network Executive Vice President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Mirtha Aparcana Covina, CA 91722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malin Healthcare, Inc. Healthcare Worker	\$10.00	\$120.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>55</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Mirtha Aparcana Covina, CA 91722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malin Healthcare, Inc. Healthcare Worker	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Mirtha Aparcana Covina, CA 91722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malin Healthcare, Inc. Healthcare Worker	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 56 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2017	Mirtha Aparcana Covina, CA 91722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malin Healthcare, Inc. Healthcare Worker	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Mirtha Aparcana Covina, CA 91722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malin Healthcare, Inc. Healthcare Worker	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Mirtha Aparcana Covina, CA 91722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malin Healthcare, Inc. Healthcare Worker	\$10.00	\$120.00	2018P: \$140.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>57</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Francesca Applegarth Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Applegarth Investment Company Real Estate Investment	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Patricia Appleton San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Appleton Caregiver	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 58 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Patricia Appleton San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Appleton Caregiver	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Patricia Appleton San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Appleton Caregiver	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Stuart B. Arakelian Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arakelian Wealth Management Managing Director	\$1,000.00	\$0.00	2018P: \$0.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>59</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Stuart B. Arakelian Danville, CA 94506 Memo Reference: INC5411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arakelian Wealth Management Managing Director	(\$1,000.00)	\$0.00	2018P: \$0.00
9/30/2017	Beatrice Arbaiza Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Beatrice Arbaiza Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 60 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Richard Archbold Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Archbold Attorney	\$50.00	\$100.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Richard Archbold Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Archbold Attorney	\$50.00	\$100.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Mary Jane Archer Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 61 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Arden Companies, LLC Orange, CA 92869	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$20,000.00	2018P: \$20,000.00
9/20/2017	Allison Armour Santa Barbara, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allison Armour Designer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Louise Armour Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$505.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>62</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Jean Armstrong Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	James L. Arnone Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins Partner	\$5,000.00	\$6,000.00	2018P: \$6,000.00
9/29/2017	Deirdre Hade Arntz Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RHRM Wellness Tecnology Owner	\$1,200.00	\$1,200.00	2018P: \$1,200.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 63 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michele Arthur San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michele Arthur Designer	\$50.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Linda Asato San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Child Care & Referral Network Executive Director	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>64</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	At Home Comfort, Inc. Modesto, CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$400.00	2018P: \$400.00
7/14/2017	Enrique Atienza San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Executive	\$100.00	\$1,200.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Enrique Atienza San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Executive	\$100.00	\$1,200.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 65 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2017	Enrique Atienza San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Executive	\$100.00	\$1,200.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Enrique Atienza San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Executive	\$100.00	\$1,200.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Enrique Atienza San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Executive	\$100.00	\$1,200.00	2018P: \$1,550.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>66</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Enrique Atienza San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Executive	\$100.00	\$1,200.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/7/2017	Catherine Atkin Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Early Learning Lab Executive Director	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 67 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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9/24/2017	Jonathan Audy Monte Sereno, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Engineer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Nicholas Augustinos San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aver Infomatics Chief Executive Officer	\$250.00	\$850.00	2018P: \$1,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Nicholas Augustinos San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aver Infomatics Chief Executive Officer	\$100.00	\$850.00	2018P: \$1,600.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>68</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Gurvinder Aujala Phoenix, AZ 85009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GSA President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Gwendolyn Austin Los Angeles, CA 90056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Point of View International Real Estate Broker	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 69 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$365.00	2018P: \$427.50
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>70</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 71 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$365.00	2018P: \$427.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>72</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>73</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$365.00	2018P: \$427.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>74</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Todd Auten Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$365.00	2018P: \$427.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Autowrnty, LLC Chicago, IL 60601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
10/30/2017	Nicole Avant Los Angeles, CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$16,700.00	\$29,200.00	2018P: \$29,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 75 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2017	Kimberly Ayers Sacramento, CA 95821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jensen Landscape Landscape Business Manager	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Tess Ayers Woodland Hills, CA 91367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,005.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Ginny Babbitt San Jose, CA 95130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ginny Babbitt Landscape	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>76</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Ginny Babbitt San Jose, CA 95130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ginny Babbitt Landscape	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Michael Bacher San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Human Resources	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 77 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2017	Thalli Badrinath San Jose, CA 95138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cisco Senior Director	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Jodi Baer Pynes Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Presentations Graphic Designer	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Carrie Bagshaw Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Veterinary Care Center Veterinarian	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>78</u> of <u>2602</u>
		I.D. Number 1375287

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Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/14/2017	Caryn Bailey Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Mortgage Closer	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Caryn Bailey Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Mortgage Closer	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 79 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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9/14/2017	Caryn Bailey Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Mortgage Closer	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Caryn Bailey Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Mortgage Closer	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Caryn Bailey Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Mortgage Closer	\$5.00	\$110.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 80 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Caryn Bailey Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Mortgage Closer	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Robert Bainbridge Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 81 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Robert Bainbridge Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Margie Baker South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$725.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Margie Baker South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$725.00	2018P: \$875.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>82</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Margie Baker South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$725.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Margie Baker South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$725.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 83 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Timothy G. Baker Fresno, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Timothy G. Baker Dentist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/10/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$5.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$15.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>84</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$5.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$15.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$5.00	\$240.00	2018P: \$405.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>85</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$15.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$5.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 86 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$15.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$5.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$15.00	\$240.00	2018P: \$405.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>87</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$5.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Tina Baker Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Williams & Gumbiner, LLP Office Manager	\$15.00	\$240.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>88</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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11/15/2017	Balaji Foods, Inc. dba Trinethra Supermarket Sunnyvale, CA 94087	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/22/2017	Krisztina Balazs Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Krisztina Balazs Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 89 of 2602

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NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Krisztina Balazs Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Krisztina Balazs Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Krisztina Balazs Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$15.00	\$180.00	2018P: \$180.00
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 90 of 2602

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Krisztina Balazs Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Gabriel Balducci Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Singularity University Executive	\$500.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 91 of 2602

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NAME OF FILER  
Newsom for California Governor 2018

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9/1/2017	Frances Balfour Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Capital Group Executive Assistant	\$50.00	\$550.00	2018P: \$815.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Frances Balfour Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Capital Group Executive Assistant	\$50.00	\$550.00	2018P: \$815.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Frances Balfour Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Capital Group Executive Assistant	\$50.00	\$550.00	2018P: \$815.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 92 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Frances Balfour Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Capital Group Executive Assistant	\$50.00	\$550.00	2018P: \$815.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Frances Balfour Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Capital Group Executive Assistant	\$50.00	\$550.00	2018P: \$815.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 93 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Muriel Ballard Auburn, CA 95602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Sotheby's Realtor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Nathan Ballard San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Press Shop, Inc. Democratic Strategist	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Nathan Ballard San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Press Shop, Inc. Democratic Strategist	\$500.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 94 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Doug Band New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teneo President	\$1,000.00	\$1,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Alain Bankier New York, NY 10023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alain Bankier Investor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 95 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2017	Geneice Banks Santa Barbra, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Barbra Superior Court Judicial Assistant III	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Jennifer Banmiller Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wingtip Communications, Inc. Chief Executive Officer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Anthony Barkett La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthony Barkett Finance	\$24,200.00	\$34,200.00	2018P: \$29,200.00 2018G: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 96 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Anthony Barkett La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthony Barkett Finance	\$5,000.00	\$34,200.00	2018P: \$29,200.00 2018G: \$5,000.00
10/11/2017	Christopher Barley New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christopher Barley Physician	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Kelly Barlow Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ValueAct Capital Investor	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 97 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Beverly Barnett San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Union Realtor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Jodi Barrett Concord, CA 94521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Walmart.com Website Merchandising Manager	\$50.00	\$125.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Joy Barrett Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 98 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Marilyn Barrett Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marilyn Barrett Attorney	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Richard Bartholomew San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>99</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/15/2017	Charles Bartlett Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EIS Group, LTD Product Manager	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Charles Bartlett Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EIS Group, LTD Product Manager	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Charles Bartlett Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EIS Group, LTD Product Manager	\$10.00	\$120.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 100 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Charles Bartlett Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EIS Group, LTD Product Manager	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Charles Bartlett Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EIS Group, LTD Product Manager	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>101</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Charles Bartlett Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EIS Group, LTD Product Manager	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Lisa Bartlett Bainbridge Island, WA 98110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$100.00	2018P: \$100.00
8/31/2017	Karen Barton-Maycock San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$279.00	2018P: \$1,084.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 102 of 2602
		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Karen Barton-Maycock San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$279.00	2018P: \$1,084.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Karen Barton-Maycock San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$18.00	\$279.00	2018P: \$1,084.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Karen Barton-Maycock San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$279.00	2018P: \$1,084.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>103</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	David Bartz La Honda, CA 94020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Cody Bass South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tahoe Wellness Cooperative Executive Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 104 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Cody Bass South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tahoe Wellness Cooperative Executive Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Cody Bass South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tahoe Wellness Cooperative Executive Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Cody Bass South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tahoe Wellness Cooperative Executive Director	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>105</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Kyle Bass Dallas, TX 75201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hayman Capital Management, LP Managing Director	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Patricia Bass Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$355.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 106 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Patricia Bass Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$355.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Patricia Bass Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$355.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Patricia Bass Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$355.00	2018P: \$580.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 107 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Patricia Bass Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$355.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Samuel Bass San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Principal	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 108 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	Samuel Bass San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Principal	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Samuel Bass San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Principal	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Samuel Bass San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Principal	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>109</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Samuel Bass San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Principal	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Samuel Bass San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Principal	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 110 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	William Bass Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Manager	\$50.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	William Bass Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Manager	\$50.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	William Bass Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Manager	\$50.00	\$600.00	2018P: \$600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>111</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	William Bass Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Manager	\$50.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	William Bass Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Manager	\$50.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 112 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	William Bass Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Manager	\$50.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Bob Bates Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bob Bates Executive Coach	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Harvey Bath Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Iron Systems, Inc. Chief Operating Officer	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>113</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 114 of 2602

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NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

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8/29/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>115</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 116 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Rickey Battaglia San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Manager	\$50.00	\$850.00	2018P: \$885.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Sarah Battaglia San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chartio Vice President	\$25.00	\$250.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 117 of 2602
I.D. Number		1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Sarah Battaglia San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chartio Vice President	\$25.00	\$250.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Sarah Battaglia San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chartio Vice President	\$25.00	\$250.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>118</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Sarah Battaglia San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chartio Vice President	\$25.00	\$250.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Jennifer Hymes Battat San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Hymes Battat Psychotherapist	\$5,000.00	\$5,000.00	2018P: \$5,000.00
12/7/2017	Karin Bauer San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 119 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Michael Bauer Rocklin, CA 95765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Airlines Pilot	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Alvin Baum San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$5,000.00	\$15,000.00	2018P: \$15,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Robert Baum San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gould Evans Architect	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>120</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Steven Bauman Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Bay City Mechanical, Inc. Richmond, CA 94806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2018P: \$1,500.00
11/16/2017	Bay Development, LLC San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	2018P: \$6,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>121</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Bay Rim Services, Inc. Cupertino, CA 95014	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
8/30/2017	Rebekah Baylus Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebekah Baylus Nanny	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Rebekah Baylus Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebekah Baylus Nanny	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 122 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Rebekah Baylus Claremont, CA 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebekah Baylus Nanny	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	BDE Architecture, Inc. San Francisco, CA 94103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/1/2017	Yolanda Beatty San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>123</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Yolanda Beatty San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Yolanda Beatty San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Yolanda Beatty San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 124 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Yolanda Beatty San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Leslie Beauchamp Reseda, CA 91335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>125</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/25/2017	Leslie Beauchamp Reseda, CA 91335	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Kathleen Beaver Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen Beaver Writer	\$25.00	\$176.25	2018P: \$286.25
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Kathleen Beaver Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen Beaver Writer	\$25.00	\$176.25	2018P: \$286.25
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>126</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Kathleen Beaver Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen Beaver Writer	\$25.00	\$176.25	2018P: \$286.25
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Kathleen Beaver Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen Beaver Writer	\$25.00	\$176.25	2018P: \$286.25
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 127 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Kathleen Beaver Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen Beaver Writer	\$25.00	\$176.25	2018P: \$286.25
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Kathleen Beaver Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen Beaver Writer	\$25.00	\$176.25	2018P: \$286.25
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Adel Bebawy Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adel Bebawy Attorney	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>128</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Carissa Bechtloff Ladera Ranch, CA 92694	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hoag Hospital Administration	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Pat Becker Porter Ranch, CA 91326 Memo Reference: IDT88243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pat Becker Writer	(\$100.00)	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 129 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	Zoe Becker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zoe Becker Psychotherapist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Zoe Becker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zoe Becker Psychotherapist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Zoe Becker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zoe Becker Psychotherapist	\$25.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>130</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Zoe Becker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zoe Becker Psychotherapist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Carol Beebe San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$262.50	2018P: \$262.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 131 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/15/2017	Carol Beebe San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$262.50	2018P: \$262.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Carol Beebe San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$262.50	2018P: \$262.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Carol Beebe San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$262.50	2018P: \$262.50
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>132</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Carol Beebe San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$262.50	2018P: \$262.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Gerald Beemiller Sunol, CA 94586	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nella Terro Cellars President	\$500.00	\$500.00	2018P: \$500.00
11/26/2017	Andrea Beggs San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adams & Martin Group Legal Secretary	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>133</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Andrea Beggs San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adams & Martin Group Legal Secretary	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Yves Behar San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fuseproject Chief Executive Officer	\$5,000.00	\$5,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>134</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Laura Beiggin San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Cerebral Palsy of the North Bay Cypress School Director	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Annie Belanger Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Keith Belling San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bayside Ventures Entrepreneur	\$500.00	\$600.00	2018P: \$600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>135</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Keith Belling San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bayside Ventures Entrepreneur	\$100.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Eric Bender Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mas Asset Management Vice President	\$100.00	\$150.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 136 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	Barbara Benedek Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbara Benedek Writer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/28/2017	Barbara Benedek Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Julia Benello San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Julia Benello Film Producer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>137</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Bill Benenson Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bill Benenson Director/Producer	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Laurie Benenson Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$6,000.00	2018P: \$12,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Courtney Benham Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Martinray Winery Wine Producer	\$15,000.00	\$16,000.00	2018P: \$16,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>138</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	William Bennett Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$180.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	William Bennett Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$180.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>139</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	William Bennett Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$180.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	William Bennett Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$180.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	William Bennett Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$180.00	2018P: \$445.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>140</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	William Bennett Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$180.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Louise Benvenue Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Berkeley National Lab Administrator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 141 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2017	Louise Benvenue Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Berkeley National Lab Administrator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Louise Benvenue Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Berkeley National Lab Administrator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Louise Benvenue Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Berkeley National Lab Administrator	\$10.00	\$120.00	2018P: \$140.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>142</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Louise Benvenue Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Berkeley National Lab Administrator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Louise Benvenue Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Berkeley National Lab Administrator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 143 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Ann-Marie Benz Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ReScape California Non-Profit Executive Director	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Debra Berard Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	New Teacher Center Business Analyst	\$100.00	\$100.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Kelli Berezin San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RSVP Events, LLC Owner	\$250.00	\$250.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>144</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Kelley Berg Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Schwab Manager	\$500.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Kelley Berg Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Schwab Manager	\$50.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 145 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Michael S. Berg San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Michael S. Berg Attorney	\$250.00	\$250.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Paul Berg Stanford, CA 94305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$950.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Paul Berg Stanford, CA 94305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$950.00	2018P: \$950.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 146 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Paul Berg Stanford, CA 94305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$950.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Daniel Bergeson Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bergeson, LLP Attorney	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 147 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Mark Bering Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Technical Analyst	\$50.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Micheal Berkowitz Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Jordan Berliant Marina Del Ray, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Revelation Management Group Talent Manager	\$100.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>148</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Ed Berman Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ed Berman Investor	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Robert Berman Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CASA Of Los Angeles Non-Profit Chief Financial Officer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Jo Ann Bernard Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 149 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Cynthia Berry San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Pacific Medical Center Physical Therapist	\$150.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Rajvi Berry San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rajvi Berry Financial Advisor	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 150 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Selisse Berry San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Out & Equal Workplace Advocates Ambassador	\$150.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Serena Bertles San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclay Financial Group Controller	\$25.00	\$300.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Serena Bertles San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclay Financial Group Controller	\$25.00	\$300.00	2018P: \$600.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 151 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Serena Bertles San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclay Financial Group Controller	\$25.00	\$300.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Serena Bertles San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclay Financial Group Controller	\$25.00	\$300.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>152</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Serena Bertles San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclay Financial Group Controller	\$25.00	\$300.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Serena Bertles San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclay Financial Group Controller	\$25.00	\$300.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Kate Beswick Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kate Beswick Writer	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 153 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Carol Bettencourt Lucerne, CA 95458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$100.00	2018P: \$200.00
7/29/2017	Clark Bevan Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clark Bevan Broadcaster	\$25.00	\$200.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Clark Bevan Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clark Bevan Broadcaster	\$25.00	\$200.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>154</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Clark Bevan Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clark Bevan Broadcaster	\$25.00	\$200.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Clark Bevan Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clark Bevan Broadcaster	\$25.00	\$200.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 155 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Clark Bevan Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clark Bevan Broadcaster	\$25.00	\$200.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Vikram Bhambri San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Good Times Restaurants, LLC Co-Owner	\$9,000.00	\$9,000.00	2018P: \$9,000.00
11/15/2017	Jasraj Bhatia San Jose, CA 95138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	My Ekadera, Inc. Owner	\$500.00	\$500.00	2018P: \$500.00
12/1/2017	David Biagini San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asurion Software Development	\$25.00	\$155.00	2018P: \$155.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 156 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	John A. Biale Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John A. Biale Civil Engineer	\$50.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	John A. Biale Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John A. Biale Civil Engineer	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 157 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	John A. Biale Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John A. Biale Civil Engineer	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Darren Bianchi San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brilliant Group Administration	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Linda Bibbler Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merrill Properties, Inc. Real Estate Broker	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>158</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Linda Bibbler Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merrill Properties, Inc. Real Estate Broker	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Linda Bibbler Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merrill Properties, Inc. Real Estate Broker	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 159 of 2602

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NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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9/17/2017	Bob Bihler San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bob Bihler Investor	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Bob Bihler San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bob Bihler Investor	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Bill Quirk for Assembly 2018 Sacramento, CA 95815 Committee ID: 1392630	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 160 of 2602

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7/30/2017	Katherine W. Billings Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Park Library Librarian	\$25.00	\$175.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Katherine W. Billings Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Park Library Librarian	\$25.00	\$175.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Katherine W. Billings Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Park Library Librarian	\$25.00	\$175.00	2018P: \$180.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>161</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Katherine W. Billings Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Park Library Librarian	\$25.00	\$175.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Katherine W. Billings Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Park Library Librarian	\$25.00	\$175.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>162</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Katherine W. Billings Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Park Library Librarian	\$25.00	\$175.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Robert Binder San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Robert Binder San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 163 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Susan Binder Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	West Contra Costa Unified School District Teacher	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Susan Binder Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	West Contra Costa Unified School District Teacher	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 164 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2017	Susan Binder Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	West Contra Costa Unified School District Teacher	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Sejal Binnings San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sejal Binnings Real Estate Agent	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Ian Birchall San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Birchall and Associates Architect	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>165</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Cynthia Birkhimer Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Memorialcare Medical Group Acupuncturist	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Cynthia Birkhimer Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Memorialcare Medical Group Acupuncturist	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>166</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	Robert P. Birmingham San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Birmingham Development President	\$5,000.00	\$5,000.00	2018P: \$15,000.00
9/27/2017	Owen Bittinger Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclays Investment Banker	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Jeffrey Bitton Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>167</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2017	Jeffrey Bitton Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Jeffrey Bitton Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Sean Black Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sean Black Designer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>168</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Jillian Blanchard Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rudder Law Group Environmental Attorney	\$500.00	\$500.00	2018P: \$500.00
10/5/2017	John Blandford Alexandria, VA 22303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blandford Group Public Affairs Consultant	\$5,000.00	\$5,000.00	2018P: \$7,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Lani Blazer Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$235.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>169</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Brooke Blecher San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blecher & Hubbell Attorney	\$250.00	\$250.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Will Blodgett New York, NY 10005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairstead Principal	\$2,500.00	\$2,500.00	2018P: \$2,500.00
7/5/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>170</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 171 of 2602
		I.D. Number 1375287

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NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 172 of 2602

SEE INSTRUCTIONS ON REVERSE

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 173 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Lisa Bloom Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$475.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Susan Bloom Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Susan Bloom Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 174 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Dayna Bochco Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Coastal Commissioner	\$2,500.00	\$5,000.00	2018P: \$7,500.00
11/7/2017	Steven Bochco Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven B. Productions Writer/Producer	\$2,500.00	\$7,500.00	2018P: \$10,000.00
11/7/2017	Paul Bock Washington, DC 20016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holland & Knight Partner	\$1,000.00	\$1,000.00	2018P: \$1,500.00
7/16/2017	Cheryl Bode Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 175 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Cheryl Bode Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Cheryl Bode Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 176 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Cheryl Bode Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Cheryl Bode Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Cheryl Bode Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>177</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Larry Boese Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Education Consultant	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Larry Boese Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Education Consultant	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 178 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/24/2017	Lisa Bohannon Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Julie Bohnet Willits, CA 95490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Julie Bohnet Real Estate Broker	\$15.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Julie Bohnet Willits, CA 95490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Julie Bohnet Real Estate Broker	\$10.00	\$115.00	2018P: \$115.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 179 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Carlos Bohorquez Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Electric Healthcare Vice President	\$200.00	\$950.00	2018P: \$950.00
7/31/2017	Carlos Bohorquez Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Electric Healthcare Vice President	\$250.00	\$950.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Carlos Bohorquez Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Electric Healthcare Vice President	\$250.00	\$950.00	2018P: \$950.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>180</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Carlos Bohorquez Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Electric Healthcare Vice President	\$250.00	\$950.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Gillian Bohrer Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	21st Century Fox Film Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 181 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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7/3/2017	Little Fawn Boland Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ceiba Legal, LLP Tribal Attorney	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/3/2017	Little Fawn Boland Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ceiba Legal, LLP Tribal Attorney	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Little Fawn Boland Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ceiba Legal, LLP Tribal Attorney	\$10.00	\$110.00	2018P: \$110.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 182 of 2602

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Little Fawn Boland Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ceiba Legal, LLP Tribal Attorney	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Little Fawn Boland Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ceiba Legal, LLP Tribal Attorney	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 183 of 2602

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12/3/2017	Little Fawn Boland Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ceiba Legal, LLP Tribal Attorney	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Kristen Bole San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Public Relations	\$50.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Kristen Bole San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Public Relations	\$50.00	\$225.00	2018P: \$225.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>184</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Kristen Bole San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Public Relations	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Kristen Bole San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Public Relations	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 185 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Kristen Bole San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Public Relations	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Kate Bond San Mateo, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Paul Bonderson, Jr. Sunol, CA 94586	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 186 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Loredana Bonomo San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mozart's Cleaning Team Secretary	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Heather Bonvechio San Jose, CA 95117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Unified High School District Teacher	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 187 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Joan Boorstein Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buster Productions Producer	\$25.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Joan Boorstein Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buster Productions Producer	\$25.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Joan Boorstein Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buster Productions Producer	\$25.00	\$245.00	2018P: \$245.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>188</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Joan Boorstein Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buster Productions Producer	\$25.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Joan Boorstein Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buster Productions Producer	\$25.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 189 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Esther J. Borah Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$2,000.00	\$2,000.00	2018P: \$2,000.00
7/31/2017	James Bordner Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jim Bordner Music Producer/Composer	\$50.00	\$395.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	James Bordner Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jim Bordner Music Producer/Composer	\$50.00	\$395.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 190 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2017	James Bordner Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jim Bordner Music Producer/Composer	\$50.00	\$395.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Peter Borkon San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hagens Berman Sobol Shapiro, LLP Attorney	\$250.00	\$250.00	2018P: \$250.00
11/21/2017	Jeffrey Bornstein San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosen Bien Galvan & Grunfeld, LLP Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 191 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2017	Sonali Bose San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Municipal Transportation Agency (SFMTA) Chief Financial Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	Linda Bosserman Upland, CA 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Hope Oncologist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Robert Bottome San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BioMarin Biotechnician Executive	\$100.00	\$100.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>192</u> of <u>2602</u>		
I.D. Number 1375287		

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Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Adam Boucher San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Promise Energy, Inc. Solar Developer	\$200.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Kerry Bourdon San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>193</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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11/8/2017	Joseph Bou-Saba San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph Bou-Saba Investor	\$500.00	\$500.00	2018P: \$500.00
12/15/2017	Carolyn Bowden Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Nurses Association Community Organizer	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Carla Bowets Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Verallia France Sales Executive	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 194 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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8/4/2017	Carla Bowets Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Verallia France Sales Executive	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Carla Bowets Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Verallia France Sales Executive	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Carla Bowets Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Verallia France Sales Executive	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 195 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Elizabeth Bowyer New York, NY 10011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Goldman Sachs Managing Director	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	John Boyd Folsom, CA 95630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Chief Executive Officer, System Mental Health Services	\$3,000.00	\$3,000.00	2018P: \$3,000.00
9/18/2017	Rick Boyd Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 196 of 2602
		I.D. Number 1375287

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Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/2017	Brigette Boyle La Crescenta, CA 91214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Music Group Senior Vice President	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Bruce Bozzi Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palm Management Corporation Regional Director	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Robert Bracamonte Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBBJ Architect	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>197</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Robert Bracamonte Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBBJ Architect	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Robert Bracamonte Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBBJ Architect	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 198 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Celeste Bracewell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Celeste Bracewell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Celeste Bracewell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>199</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Celeste Bracewell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Celeste Bracewell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 200 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Kimberly Brady Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Little Bit Cleaning, LLC Owner	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Margaret Brake Coto De Caza, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Margaret Brake Coto De Caza, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>201</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Candy Brandon Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Gene Brandt Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ter, Molen, Watkins & Brandt, LLC Consultant	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>202</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Peter Bransten San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glaser, Weil, Fink, Jacobs & Howard Attorney	\$250.00	\$1,600.00	2018P: \$1,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Guy Branum West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Broadcasting Company Universal (NBC) Writer	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Guy Branum West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Broadcasting Company Universal (NBC) Writer	\$25.00	\$275.00	2018P: \$325.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>203</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Guy Branum West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Broadcasting Company Universal (NBC) Writer	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Guy Branum West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Broadcasting Company Universal (NBC) Writer	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 204 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2017	Guy Branum West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Broadcasting Company Universal (NBC) Writer	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Guy Branum West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Broadcasting Company Universal (NBC) Writer	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Connie Bratten Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$265.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>205</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Connie Bratten Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Connie Bratten Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>206</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/12/2017	Connie Bratten Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Connie Bratten Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Connie Bratten Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$265.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>207</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Susan Bratton Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PersonalLifeMedia Manager	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Judith Brealey Santa Clarita, CA 91390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home and Yonder Singer	\$15.00	\$180.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 208 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2017	Judith Brealey Santa Clarita, CA 91390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home and Yonder Singer	\$15.00	\$180.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Judith Brealey Santa Clarita, CA 91390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home and Yonder Singer	\$15.00	\$180.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Judith Brealey Santa Clarita, CA 91390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home and Yonder Singer	\$15.00	\$180.00	2018P: \$240.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>209</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Judith Brealey Santa Clarita, CA 91390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home and Yonder Singer	\$15.00	\$180.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Judith Brealey Santa Clarita, CA 91390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home and Yonder Singer	\$15.00	\$180.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>210</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Mark Breitbard Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banana Republic Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Cherie Bremer-Kamp Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Cherie Bremer-Kamp Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 211 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Cherie Bremer-Kamp Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Cherie Bremer-Kamp Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>212</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Cherie Bremer-Kamp Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Cherie Bremer-Kamp Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Stephanie Brennan Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>213</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Susan Breyer Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Breyer Artist	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/8/2017	Richard Brickell New York, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph P. Day Realty Corporation Real Estate	\$250.00	\$3,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 214 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2017	Richard Brickell New York, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph P. Day Realty Corporation Real Estate	\$250.00	\$3,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/8/2017	Richard Brickell New York, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph P. Day Realty Corporation Real Estate	\$250.00	\$3,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/8/2017	Richard Brickell New York, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph P. Day Realty Corporation Real Estate	\$250.00	\$3,000.00	2018P: \$9,000.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>215</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Richard Brickell New York, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph P. Day Realty Corporation Real Estate	\$250.00	\$3,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Richard Brickell New York, NY 10016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph P. Day Realty Corporation Real Estate	\$250.00	\$3,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>216</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>217</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>218</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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11/30/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Barry Bricken Spring Lake, NJ 07762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dan-Mar Manufacturing Company, Inc. Clothing Designer	\$250.00	\$3,275.00	2018P: \$4,300.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>219</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	David Bricker Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Waters Kraus & Paul Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Jeffrey Bricker Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 220 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/6/2017	Heather Bridges San Jose, CA 95117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Union High School District Teacher	\$200.00	\$250.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Steven Brinen Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Steven Brinen Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>221</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Steven Brinen Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Steven Brinen Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 222 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Steven Brinen Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Barry Brinker Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barry Brinker Designer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Patricia Brissenden Hope Valley, CA 96120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sorensen's Resort Owner	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 223 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Patricia Brissenden Hope Valley, CA 96120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sorensen's Resort Owner	\$250.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Laura Brockwehl San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laura Brockwehl Fiduciary	\$50.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 224 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Cynthia Broder Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cynthia Broder Interior Designer	\$5,000.00	\$5,000.00	2018P: \$5,000.00
8/27/2017	David Brogan Union City, CA 94587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bose Sound Systems Sales Specialist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Dave Broome Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dave Broome Producer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 225 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2017	Doug Brouwer Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EKM Metering, Inc. Metering Equipment Sales	\$5.00	\$255.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Cameron Brown Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	David Brown Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonic Sales	\$10.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 226 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	David Brown Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonic Sales	\$10.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	David Brown Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonic Sales	\$10.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>227</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/1/2017	David Brown Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonic Sales	\$10.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	David Brown Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonic Sales	\$10.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	David Brown Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonic Sales	\$10.00	\$130.00	2018P: \$130.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>228</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	David Brown Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonic Sales	\$10.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Douglas Brown Palm Desert, CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 229 of 2602

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Newsom for California Governor 2018

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8/9/2017	Gregory R. Brown San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Customer Service Representative	\$10.00	\$195.00	2018P: \$270.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Gregory R. Brown San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Customer Service Representative	\$35.00	\$195.00	2018P: \$270.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Gregory R. Brown San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Customer Service Representative	\$35.00	\$195.00	2018P: \$270.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 230 of 2602

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Gregory R. Brown San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Customer Service Representative	\$10.00	\$195.00	2018P: \$270.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Josh Brown San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sight Machine Engineer	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 231 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Josh Brown San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sight Machine Engineer	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Josh Brown San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sight Machine Engineer	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Josh Brown San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sight Machine Engineer	\$15.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>232</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Josh Brown San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sight Machine Engineer	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Lawrence Brown Lancaster, CA 93535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Brown Consultant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 233 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Michael Brown Chicago, IL 60606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOTB Consulting Consultant	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Pamela Brown Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Pamela Brown Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>234</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Richard Tad Brown Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Tad Brown Health & Fitness Coach	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Scott Brown San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Toracon, LLC Director of Engineering	\$5.00	\$148.00	2018P: \$213.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 235 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2017	Scott Brown San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Toracon, LLC Director of Engineering	\$5.00	\$148.00	2018P: \$213.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Scott Brown San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Toracon, LLC Director of Engineering	\$5.00	\$148.00	2018P: \$213.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Scott Brown San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Toracon, LLC Director of Engineering	\$5.00	\$148.00	2018P: \$213.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 236 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Scott Brown San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Toracon, LLC Director of Engineering	\$5.00	\$148.00	2018P: \$213.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Scott Brown San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Toracon, LLC Director of Engineering	\$5.00	\$148.00	2018P: \$213.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 237 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Scott Brown San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Toracon, LLC Director of Engineering	\$44.00	\$148.00	2018P: \$213.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Steve Brown San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City College of San Francisco Teacher	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Susan Brown Plymouth, CA 95669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spirit Oaks Farms Owner	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>238</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Suzanne Brown Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Sylest Brown La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sylest Brown Insurance	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 239 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Gay Browne Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Greenopia Founder	\$10,000.00	\$10,000.00	2018P: \$10,000.00
9/23/2017	Graham Brownstein Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graham Brownstein Attorney	\$200.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Keith Bruce San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	F1 Experiences President	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 240 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Andree Bryan Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bryan Consulting Services Talen Acquisition Leader	\$50.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Andree Bryan Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bryan Consulting Services Talen Acquisition Leader	\$100.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Andree Bryan Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bryan Consulting Services Talen Acquisition Leader	\$100.00	\$450.00	2018P: \$450.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>241</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Andree Bryan Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bryan Consulting Services Talen Acquisition Leader	\$100.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Andree Bryan Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bryan Consulting Services Talen Acquisition Leader	\$100.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 242 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Jane Bryan-Jones Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Bryan-Jones Psychotherapist	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Patricia Bubenik Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Patricia Bubenik Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$180.00	2018P: \$180.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>243</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Patricia Bubenik Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	Patricia Bubenik Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 244 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Timothy Buchheim Temple City, CA 97180	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harvey Mudd College Systems Administrator	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Timothy Buchheim Temple City, CA 97180	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harvey Mudd College Systems Administrator	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Clifford Buck Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 245 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Clifford Buck Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Clifford Buck Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 246 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Clifford Buck Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Clifford Buck Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Leslie Buck Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$425.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 247 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Leslie Buck Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$425.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Leslie Buck Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$425.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 248 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2017	Leslie Buck Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$425.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Leslie Buck Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$425.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Leslie Buck Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$425.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>249</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Leslie Buck Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$425.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Jane Buckingham Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trendera Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>250</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2017	Robyn Buckingham Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robyn Buckingham Personal Assistant/Estate Manager	\$250.00	\$250.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Leslee Budge Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Leslee Budge Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$175.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>251</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Craig Bueno Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Ross Buffington Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ArcTouch, Inc. Executive	\$100.00	\$1,200.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 252 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ross Buffington Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ArcTouch, Inc. Executive	\$100.00	\$1,200.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Ross Buffington Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ArcTouch, Inc. Executive	\$100.00	\$1,200.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Ross Buffington Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ArcTouch, Inc. Executive	\$100.00	\$1,200.00	2018P: \$3,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>253</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Ross Buffington Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ArcTouch, Inc. Executive	\$100.00	\$1,200.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Ross Buffington Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ArcTouch, Inc. Executive	\$100.00	\$1,200.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>254</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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8/20/2017	Siobhan Buggle San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Siobhan Buggle Dog Walker	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Leslie Bull Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Autodesk Business Development	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Carole Bumpus Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$550.00	2018P: \$550.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>255</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Carole Bumpus Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Carole Bumpus Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 256 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2017	Carole Bumpus Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Carole Bumpus Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Carole Bumpus Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$550.00	2018P: \$550.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 257 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/5/2017	Michele Burchfiel San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/5/2017	Michele Burchfiel San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>258</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/2017	Michele Burchfiel San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Michele Burchfiel San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Michele Burchfiel San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>259</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Michele Burchfiel San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Michele Burchfiel San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 260 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Matthew Burge Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Hazardous Materials Specialist II	\$100.00	\$250.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Matthew Burge Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Hazardous Materials Specialist II	\$100.00	\$250.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Joe Burghardt Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Public Defender's Office Attorney	\$50.00	\$600.00	2018P: \$3,100.00

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b> Page 261 of 2602 I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Joe Burghardt Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Public Defender's Office Attorney	\$50.00	\$600.00	2018P: \$3,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Joe Burghardt Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Public Defender's Office Attorney	\$50.00	\$600.00	2018P: \$3,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>262</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2017	Joe Burghardt Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Public Defender's Office Attorney	\$50.00	\$600.00	2018P: \$3,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Joe Burghardt Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Public Defender's Office Attorney	\$50.00	\$600.00	2018P: \$3,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Joe Burghardt Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Public Defender's Office Attorney	\$50.00	\$600.00	2018P: \$3,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 263 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Katie Burke San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katie Burke Attorney	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Katie Burke San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katie Burke Attorney	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 264 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Katie Burke San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katie Burke Attorney	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Katie Burke San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katie Burke Attorney	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Patrick Burke Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Civil Servant	\$100.00	\$100.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>265</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Victoria Burke Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Victoria Burke Recruiter	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Sharolyn Burkoth Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 266 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Diana Burman The Dalles, OR 97058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Diana Burman The Dalles, OR 97058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Diana Burman The Dalles, OR 97058	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$115.00	2018P: \$130.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 267 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Joseph Burnett Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph Burnett Music Producer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Karin Burns San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code REDD Environmental Nongovernmental Organization Executive Director	\$10.00	\$120.00	2018P: \$335.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 268 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/2017	Karin Burns San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code REDD Environmental Nongovernmental Organization Executive Director	\$10.00	\$120.00	2018P: \$335.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Karin Burns San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code REDD Environmental Nongovernmental Organization Executive Director	\$10.00	\$120.00	2018P: \$335.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Karin Burns San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code REDD Environmental Nongovernmental Organization Executive Director	\$10.00	\$120.00	2018P: \$335.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>269</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Karin Burns San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code REDD Environmental Nongovernmental Organization Executive Director	\$10.00	\$120.00	2018P: \$335.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Karin Burns San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code REDD Environmental Nongovernmental Organization Executive Director	\$10.00	\$120.00	2018P: \$335.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 270 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Nathan Burr El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nathan Burr Contractor	\$10.00	\$160.00	2018P: \$160.00
8/31/2017	Nathan Burr El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nathan Burr Contractor	\$25.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Nathan Burr El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nathan Burr Contractor	\$25.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>271</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Nathan Burr El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nathan Burr Contractor	\$25.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Nathan Burr El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nathan Burr Contractor	\$25.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Nathan Burr El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nathan Burr Contractor	\$25.00	\$160.00	2018P: \$160.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>272</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Nathan Burr El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nathan Burr Contractor	\$25.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Suzette Burrous Sebastopol, Ca 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prima Medical Foundation Certified Nurse Midwife	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 273 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Suzette Burrous Sebastopol, Ca 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prima Medical Foundation Certified Nurse Midwife	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Paula Burton San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paula Burton Television Producer	\$100.00	\$100.00	2018P: \$100.00
8/30/2017	David Butler Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paciolan, Inc. Chief Executive Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 274 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$180.00	2018P: \$215.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>275</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 276 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$180.00	2018P: \$215.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>277</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>278</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Robert Butler San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Thera Buttarro Bodega Bay, CA 94923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sonoma Coast Living Real Estate Services Real Estate Broker	\$100.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Colleen Byrne San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>279</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Martin Byrne Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. Information Technology Manager	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Martin Byrne Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. Information Technology Manager	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>280</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Martin Byrne Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. Information Technology Manager	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Martin Byrne Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. Information Technology Manager	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Martin Byrne Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. Information Technology Manager	\$25.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>281</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Paul J. Byrne San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cornerstone Law Group Attorney	\$250.00	\$7,250.00	2018P: \$11,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Paul J. Byrne San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cornerstone Law Group Attorney	\$7,000.00	\$7,250.00	2018P: \$11,350.00
7/17/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$10.00	\$420.00	2018P: \$635.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>282</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$25.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$10.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 283 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$25.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$10.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$25.00	\$420.00	2018P: \$635.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 284 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$10.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$25.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 285 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$10.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$25.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$10.00	\$420.00	2018P: \$635.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>286</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Janet Cady Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janet Cady Film Location Agent	\$25.00	\$420.00	2018P: \$635.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Roy Caelius Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roy Caelius Real Estate Agent	\$100.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 287 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Denis Cagna Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ernst & Young Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$110.00	2018P: \$135.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>288</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>289</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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11/30/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$110.00	2018P: \$135.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>290</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Pamela Cahill Bayside, CA 95524	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Kurt D. Caillier Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A&A Ready Mixed Concrete President	\$21,800.00	\$51,000.00	2018P: \$29,200.00 2018G: \$21,800.00
10/23/2017	Kurt D. Caillier Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A&A Ready Mixed Concrete President	\$28,200.00	\$51,000.00	2018P: \$29,200.00 2018G: \$21,800.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>291</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Marcie Cain-Dobbs San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Marcie Cain-Dobbs San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Marcie Cain-Dobbs San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$160.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>292</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Marcie Cain-Dobbs San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Maria Calame San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$100.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 293 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Angela Caldwell Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Angela Caldwell Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Angela Caldwell Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 294 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Angela Caldwell Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Angela Caldwell Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>295</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Angela Caldwell Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Christine Caldwell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$230.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Christine Caldwell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$230.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>296</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Christine Caldwell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$230.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Christine Caldwell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$230.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 297 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2017	Christine Caldwell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$230.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Christine Caldwell Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$230.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Eddie Caldwell Santa Barbara, CA 93103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eddie Caldwell Retail Sales	\$250.00	\$250.00	2018P: \$250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>298</u> of <u>2602</u> I.D. Number 1375287

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NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Mitchell Caldwell Anaheim, CA 92805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Howard Roofing Company, Inc. Vice President	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	California Association for Nurse Practitioners PAC Sacramento, CA 95814 Committee ID: 860692	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/8/2017	California Federation of Teachers COPE Small Contributor Committee Burbank, CA 91505 Committee ID: 741857	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$14,600.00	\$29,200.00	2018P: \$29,200.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 299 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	California Federation of Teachers COPE Small Contributor Committee Burbank, CA 91505 Committee ID: 741857	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$14,600.00	\$29,200.00	2018P: \$29,200.00
12/15/2017	California Heart Medical Associates, Inc. Fresno, CA 93720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
12/21/2017	California New Car Dealers Association PAC Sacramento, CA 95814 Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$29,200.00	\$29,200.00	2018P: \$29,200.00
12/1/2017	California State Council of Laborers Small Contributor Committee Sacramento, CA 95814 Committee ID: 902770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$29,200.00	\$29,200.00	2018P: \$29,200.00
12/7/2017	California State Pipe Trades Council PAC Small Contributor Committee Sacramento, CA 95814 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>300</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	California State Pipe Trades Council PAC Small Contributor Committee Sacramento, CA 95814 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
11/16/2017	California Teachers Association/Association for Better Citizenship Small Contributor Committee Burlingame, CA 94010 Committee ID: 741941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$29,200.00	\$29,200.00	2018P: \$29,200.00
10/5/2017	Anne Callahan Piedmont, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Barbara Callan San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McGuire Real Estate Realtor	\$500.00	\$500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>301</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	David Callander Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Callander Physician	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Calpine Corporation Houston, TX 77002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$29,200.00	\$29,200.00	2018P: \$29,200.00
12/14/2017	Calvano Development, Inc. San Francisco, CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
9/23/2017	Elisa Camahort San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BlogHer Chief Operating Officer	\$50.00	\$125.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>302</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Elisa Camahort San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BlogHer Chief Operating Officer	\$50.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/6/2017	Roy Campanella II Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morningstar Productions Filmmaker	\$100.00	\$250.00	2018P: \$250.00
10/10/2017	Roy Campanella II Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morningstar Productions Filmmaker	\$50.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>303</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2017	Scot Campbell Grizzly Flats, CA 95636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Power, LLC Consultant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Scot Campbell Grizzly Flats, CA 95636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Power, LLC Consultant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Scot Campbell Grizzly Flats, CA 95636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Power, LLC Consultant	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>304</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Scot Campbell Grizzly Flats, CA 95636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Power, LLC Consultant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Scot Campbell Grizzly Flats, CA 95636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Power, LLC Consultant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 305 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2017	Scot Campbell Grizzly Flats, CA 95636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Power, LLC Consultant	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Scott Campbell San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Scott Campbell Winchester, MA 01890	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legendary Entertainment Accountant	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>306</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Christian Campisi Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Monterey Hospitality Benefits Group, Inc. President	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Luis Cancel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneurial Cultural Consulting Chief Executive Officer	\$5.00	\$150.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 307 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Luis Cancel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneurial Cultural Consulting Chief Executive Officer	\$50.00	\$150.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	Luis Cancel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneurial Cultural Consulting Chief Executive Officer	\$5.00	\$150.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Luis Cancel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneurial Cultural Consulting Chief Executive Officer	\$5.00	\$150.00	2018P: \$280.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>308</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Luis Cancel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneurial Cultural Consulting Chief Executive Officer	\$5.00	\$150.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Luis Cancel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneurial Cultural Consulting Chief Executive Officer	\$5.00	\$150.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 309 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/2017	Luis Cancel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneurial Cultural Consulting Chief Executive Officer	\$5.00	\$150.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Catherine Cannata San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Joseph S. Cannata San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rockstar Energy Drink Executive Vice President of Sales & Distribution	\$5,000.00	\$5,000.00	2018P: \$16,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>310</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2017	Manuel Cano Port Hueneme, CA 93041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Cardiac Institute Nuclear Medicine Technologist	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Manuel Cano Port Hueneme, CA 93041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Cardiac Institute Nuclear Medicine Technologist	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Nicole Canon Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Animal Hospital of Sebastopol Veterinarian	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
		Page 311 of 2602
		I.D. Number 1375287

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NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Valerie Cantu West Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Valerie Cantu West Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 312 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Valerie Cantu West Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Henry P. Canvel San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gordon & Rees, LLP Partner	\$250.00	\$250.00	2018P: \$250.00
9/27/2017	Tammy Capistrant San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Program Manager	\$100.00	\$300.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>313</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2017	Tammy Capistrant San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Program Manager	\$100.00	\$300.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Capitol Consulting Group Illinois, LLC Hinsdale, IL 60521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/30/2017	Nicholas Caprio Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilgrim Media Group Chief Content Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>314</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Jessica Capshaw Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ABC/Disney Company Actress	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/19/2017	Sophia Caramagno San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mountain View Los Altos Unified High School District Teacher	\$25.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	P. Craig Cardon Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheppard Mullin Attorney	\$1,000.00	\$2,000.00	2018P: \$7,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 315 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	P. Craig Cardon Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheppard Mullin Attorney	\$1,000.00	\$2,000.00	2018P: \$7,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$100.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 316 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$100.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$25.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$30.00	\$600.00	2018P: \$975.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>317</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$100.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$30.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>318</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$30.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$50.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$30.00	\$600.00	2018P: \$975.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 319 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$25.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Timothy Cardoso Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diocese of Fresno Roman Catholic Priest	\$30.00	\$600.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>320</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/2017	Patricia Carey San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Patricia Carey San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Patricia Carey San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>321</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Patricia Carey San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Patricia Carey San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 322 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Christine Cariati San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Christine Cariati San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Christine Cariati San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$380.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>323</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Christine Cariati San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Lisa Carloss Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Nido Family Centers Marketing	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>324</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Alison S. Carlson San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Forsythia Foundation Founder/President	\$7,750.00	\$7,750.00	2018P: \$7,750.00
8/23/2017	Doug Carlson Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Water Resources Information Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Judith Carlson Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 325 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/7/2017	Steven Carnevale San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sawgrass Chairman	\$500.00	\$500.00	2018P: \$6,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Victoria Caro Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Victoria Caro & Associates Owner	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Orrin Carpenter Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa Service Center Business Management	\$25.00	\$150.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>326</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Orrin Carpenter Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa Service Center Business Management	\$50.00	\$150.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Orrin Carpenter Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa Service Center Business Management	\$50.00	\$150.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>327</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Susan Carroll Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Talia Carter Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$300.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Dwight Cary Guerneville, CA 95446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>328</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Dwight Cary Guerneville, CA 95446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Jamie Casey Tahoe City, CA 96145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$126.00	2018P: \$126.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>329</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	Jamie Casey Tahoe City, CA 96145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$126.00	2018P: \$126.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Jamie Casey Tahoe City, CA 96145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$126.00	2018P: \$126.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Jamie Casey Tahoe City, CA 96145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$126.00	2018P: \$126.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>330</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Jamie Casey Tahoe City, CA 96145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$126.00	2018P: \$126.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Jamie Casey Tahoe City, CA 96145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$126.00	2018P: \$126.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 331 of 2602

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Rosemary Casey Los Angeles, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosemary Casey Songwriter	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Steven Cason Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DistiNow Sales	\$100.00	\$150.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	James Cassiol San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Department of Public Works Program Support Analyst	\$200.00	\$700.00	2018P: \$900.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>332</u> of <u>2602</u>
		I.D. Number 1375287

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Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	James Cassiol San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Department of Public Works Program Support Analyst	\$400.00	\$700.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	James Cassiol San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Department of Public Works Program Support Analyst	\$100.00	\$700.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 333 of 2602

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11/13/2017	Tyler Cassity Los Angeles, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hollywood Forever Executive	\$1,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Tyler Cassity Los Angeles, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hollywood Forever Executive	\$1,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Lucia Castellanos San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>334</u> of <u>2602</u>
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Lucia Castellanos San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Lucia Castellanos San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 335 of 2602

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I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Lucia Castellanos San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Lucia Castellanos San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Lucia Castellanos San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 336 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Anne Catanzarite Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westat Registered Nurse	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Anne Catanzarite Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westat Registered Nurse	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 337 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Anne Catanzarite Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westat Registered Nurse	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Anne Catanzarite Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westat Registered Nurse	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Anne Catanzarite Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westat Registered Nurse	\$10.00	\$120.00	2018P: \$130.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>338</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Anne Catanzarite Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westat Registered Nurse	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Julie Cates Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 339 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Susan Catmull San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Susan Catmull San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Ron Caton Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Banker	\$250.00	\$750.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>340</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Ron Caton Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Banker	\$250.00	\$750.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Ron Caton Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Banker	\$250.00	\$750.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>341</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	CEMEX Materials, LLC West Palm Beach, FL 33406	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
12/31/2017	Joan Centofanti Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Centofanti Consulting, Inc. President	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Joan Centofanti Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Centofanti Consulting, Inc. President	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 342 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Arundhati Chakravorty Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rose Carson, LLP Paralegal	\$25.00	\$200.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Arundhati Chakravorty Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rose Carson, LLP Paralegal	\$25.00	\$200.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Arundhati Chakravorty Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rose Carson, LLP Paralegal	\$25.00	\$200.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>343</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Arundhati Chakravorty Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rose Carson, LLP Paralegal	\$25.00	\$200.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Arundhati Chakravorty Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rose Carson, LLP Paralegal	\$25.00	\$200.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 344 of 2602

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NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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12/30/2017	Arundhati Chakravorty Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rose Carson, LLP Paralegal	\$25.00	\$200.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	David Chamberlain Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Unified School District Teacher	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	David Chamberlain Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Unified School District Teacher	\$25.00	\$275.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 345 of 2602

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NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	David Chamberlain Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Unified School District Teacher	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	David Chamberlain Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Unified School District Teacher	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 346 of 2602

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12/22/2017	David Chamberlain Ontario, CA 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Unified School District Teacher	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Paul Chambers Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Teachers Association Labor Representative	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Paul Chambers Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Teachers Association Labor Representative	\$25.00	\$100.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>347</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Paul Chambers Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Teachers Association Labor Representative	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Paul Chambers Merced, CA 95340	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Teachers Association Labor Representative	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 348 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Alan Chamorro Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lowe Enterprises Senior Vice President	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Olaronke Champion Hinsdale, IL 60521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace Hospice/Palliative Care Registered Nurse/Business Owner	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Jocelyn Yvette Champlin San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara County Manager	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 349 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Jocelyn Yvette Champlin San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara County Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Jocelyn Yvette Champlin San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara County Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>350</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/25/2017	Jocelyn Yvette Champlin San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara County Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Eddie Chan Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North East Medical Services Administration	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Hanley Chan Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HC Solutions, Inc. Security Consultant	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>351</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Lok Chan Covina, CA 91772	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Department Of Health Services Clinical Laboratory Scientist	\$100.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Charles Chan Massey Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Synaxis Meetings & Events, Inc. Chief Executive Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Christy Chandler Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of Christy Chandler Attorney	\$25.00	\$180.00	2018P: \$180.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>352</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Christy Chandler Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of Christy Chandler Attorney	\$50.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Christy Chandler Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of Christy Chandler Attorney	\$100.00	\$180.00	2018P: \$180.00
7/26/2017	Carole Chapman Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>353</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Carole Chapman Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Carole Chapman Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 354 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Carole Chapman Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Hugh Chapman San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay, Inc. Software Engineer	\$25.00	\$310.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Hugh Chapman San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay, Inc. Software Engineer	\$25.00	\$310.00	2018P: \$360.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>355</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Hugh Chapman San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay, Inc. Software Engineer	\$25.00	\$310.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Hugh Chapman San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay, Inc. Software Engineer	\$25.00	\$310.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 356 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Hugh Chapman San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay, Inc. Software Engineer	\$25.00	\$310.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Hugh Chapman San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay, Inc. Software Engineer	\$25.00	\$310.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Charles Renfrew San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2018P: \$500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>357</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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7/12/2017	Adam F. Chase Boston, MA 02111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adam Chase Educator	\$100.00	\$300.00	2018P: \$350.00
10/9/2017	Julie Chase Washington, DC 20008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levick Practice Chair	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Sarah Chase San Lorenzo, CA 94580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ghiradelli Chocolate Finance Manager	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 358 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Sarah Chase San Lorenzo, CA 94580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ghiradelli Chocolate Finance Manager	\$100.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Joann Chebotareva Mission Viejo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oxford Investment Partners Vice President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/3/2017	Adam Checchi Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Checchi Capital Advisors, LLC Investment Manager	\$350.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>359</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>360</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$446.25	2018P: \$622.29
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>361</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>362</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	William Cheek San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$446.25	2018P: \$622.29
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Dale Cheeley Rio Vista, CA 94571	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 363 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Kin Cheng Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Banker	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Gabrielle Chernis San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gabrielle Chernis Educational Therapist	\$5.00	\$115.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Gabrielle Chernis San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gabrielle Chernis Educational Therapist	\$5.00	\$115.00	2018P: \$120.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 364 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Tracey Cherye Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Muir Health Registered Nurse	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Edward Cheslak San Pablo, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Gas & Electric (PG&E) Senior Consulting Scientist	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 365 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/2017	Edward Cheslak San Pablo, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Gas & Electric (PG&E) Senior Consulting Scientist	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Ingrid Chiavacci San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hummer Winblad Venture Partners Chief Financial Officer	\$250.00	\$250.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Nikki Chicotel El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nikki Chicotel Investment Advisor	\$10.00	\$120.00	2018P: \$405.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>366</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Nikki Chicotel El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nikki Chicotel Investment Advisor	\$10.00	\$120.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Nikki Chicotel El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nikki Chicotel Investment Advisor	\$10.00	\$120.00	2018P: \$405.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 367 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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10/13/2017	Nikki Chicotel El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nikki Chicotel Investment Advisor	\$10.00	\$120.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Nikki Chicotel El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nikki Chicotel Investment Advisor	\$10.00	\$120.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Nikki Chicotel El Granada, CA 94018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nikki Chicotel Investment Advisor	\$10.00	\$120.00	2018P: \$405.00
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 368 of 2602

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/5/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>369</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/5/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$430.00	2018P: \$430.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>370</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 371 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$430.00	2018P: \$430.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>372</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Hong Chin Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$430.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 373 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2017	Paul Chin Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Physician	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Ron Chini Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ron Chini Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Guy Chipparoni Chicago, IL 60611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Res Publica Group Chief Executive Officer	\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>374</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Nicky Chiuchiarelli San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nicky Chiuchiarelli Tax Consultant	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Eric Chong Mountain View, CA 94043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple Support Technician	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 375 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/10/2017	Tina Chonis Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Schools Special Education Teacher	\$25.00	\$125.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Ajay Chopra San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Ventures General Partner	\$2,500.00	\$2,500.00	2018P: \$2,500.00
7/17/2017	Malinda Pennoyer Chouinard Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patagonia Employee Services	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/17/2017	Yvon Chouinard Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patagonia Product Innovator	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>376</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2017	Hiu Bun Taylor Chow Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Tai Wah Manager	\$500.00	\$500.00	2018P: \$500.00
7/18/2017	Ryan Christensen-Schwarz Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan Christensen-Schwarz Software Consultant	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Ryan Christensen-Schwarz Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan Christensen-Schwarz Software Consultant	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>377</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Ryan Christensen-Schwarz Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan Christensen-Schwarz Software Consultant	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Ryan Christensen-Schwarz Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan Christensen-Schwarz Software Consultant	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Ryan Christensen-Schwarz Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan Christensen-Schwarz Software Consultant	\$25.00	\$300.00	2018P: \$775.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 378 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Ryan Christensen-Schwarz Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan Christensen-Schwarz Software Consultant	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Melanie Christie San Jose, CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 379 of 2602

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NAME OF FILER

Newsom for California Governor 2018

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9/12/2017	Carla Christofferson Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture, Engineering, Consulting, Operations, and Maintenance (AECOM) Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Yogi Chugh Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yogi Chugh Real Estate	\$2,500.00	\$2,500.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Lan Chung San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$450.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>380</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Lan Chung San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Lan Chung San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 381 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/27/2017	Lan Chung San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Lan Chung San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Lan Chung San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$450.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>382</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Robert Churchwell Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Churchwell Consultant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Cynthia Chvatal Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 383 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Catherine Cirimele Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Infogroup Vice President	\$50.00	\$280.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Catherine Cirimele Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Infogroup Vice President	\$50.00	\$280.00	2018P: \$430.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Citigroup, Inc. Federal PAC Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$39,600.00	2018P: \$87,600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>384</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2017	Citigroup, Inc. Federal PAC Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,200.00	\$39,600.00	2018P: \$87,600.00
11/30/2017	Bonnie Clare Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnie Clare Educational Psychologist	\$100.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Nanci Clarence San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clarence, Dyer & Cohen, LLP Attorney	\$250.00	\$250.00	2018P: \$250.00
7/20/2017	Robert Clark Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tokyo Electron, Inc. Scientist	\$10.00	\$110.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 385 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Robert Clark Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tokyo Electron, Inc. Scientist	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Robert Clark Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tokyo Electron, Inc. Scientist	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 386 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Robert Clark Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tokyo Electron, Inc. Scientist	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Robert Clark Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tokyo Electron, Inc. Scientist	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Robert Clark Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tokyo Electron, Inc. Scientist	\$10.00	\$110.00	2018P: \$130.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>387</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Sarah Clark Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/14/2017	Dawn Clarke Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of State Hospitals Psychologist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 388 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/14/2017	Dawn Clarke Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of State Hospitals Psychologist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>389</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017	through 12/31/2017	
		Page 390 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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9/17/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>391</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>392</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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11/30/2017	Scott Clay Chicago, IL 60657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Maine School District 63 Superintendent	\$25.00	\$550.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Jan Clayton Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jan Clayton Farmer	\$50.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Jan Clayton Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jan Clayton Farmer	\$50.00	\$100.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>393</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Clear Path Marketing, LLC Savannah, GA 31401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/18/2017	Carrol Cleveland Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,000.00	2018P: \$4,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Carrol Cleveland Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,000.00	2018P: \$4,050.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>394</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Carrol Cleveland Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,000.00	2018P: \$4,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Carrol Cleveland Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,000.00	2018P: \$4,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 395 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Heather Clifton Brooklyn, NY 11211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Business Machines Corporation Marketer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Stephen J. Cloobek Las Vegas, NV 89113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cloobek Companies, LLC Manager	\$12,000.00	\$12,000.00	2018P: \$22,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Janet Clyde San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vesuvio Owner	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>396</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/7/2017	David R. Cobb Lexington, VA 24450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David R. Cobb Chef	\$100.00	\$1,200.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/7/2017	David R. Cobb Lexington, VA 24450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David R. Cobb Chef	\$100.00	\$1,200.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 397 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/7/2017	David R. Cobb Lexington, VA 24450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David R. Cobb Chef	\$100.00	\$1,200.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/7/2017	David R. Cobb Lexington, VA 24450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David R. Cobb Chef	\$100.00	\$1,200.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	David R. Cobb Lexington, VA 24450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David R. Cobb Chef	\$100.00	\$1,200.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>398</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	David R. Cobb Lexington, VA 24450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David R. Cobb Chef	\$100.00	\$1,200.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Andrea Cockrum Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$6,250.00	2018P: \$7,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 399 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Andrea Cockrum Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$6,250.00	2018P: \$7,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Andrea Cockrum Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$6,250.00	2018P: \$7,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Frances Codispoti Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frances Codispoti Fundraiser	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>400</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	George Cogan Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bain & Company Management Consultant	\$500.00	\$500.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Vince Cogan San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brex, Inc. Attorney	\$250.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 401 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Vince Cogan San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brex, Inc. Attorney	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	John Coghlan San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Life360 Broad Chair	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Giovanni Coglitore Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RStor, Inc. Chief Executive Officer	\$15,000.00	\$15,000.00	2018P: \$15,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>402</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Philip Cohanin Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zodax Executive	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Bram Cohen San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chia Network Entrepreneur	\$100.00	\$100.00	2018P: \$100.00
10/3/2017	Bruce Cohen Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bruce Cohen Productions Producer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>403</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	David E. Cohen San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2018P: \$250.00
12/8/2017	John Cole San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northrop Grumman Engineer	\$100.00	\$100.00	2018P: \$100.00
12/31/2017	Marjorie Collings Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>404</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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11/20/2017	Jeff Collins Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeff Collins Television Producer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Kimberly Collins Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Children's Hospital Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Kimberly Collins Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Children's Hospital Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 405 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Kimberly Collins Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Children's Hospital Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Kimberly Collins Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Children's Hospital Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 406 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kimberly Collins Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Children's Hospital Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Kimberly Collins Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Children's Hospital Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Paula Collins San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WDG Ventures, Inc. Chief Executive Officer	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>407</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	David Combies Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	David Combies Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>408</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	David Combies Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	David Combs Mountain View, CA 94043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Loren Combs Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mount Diablo Unified School District Information Technology Professional	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 409 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Loren Combs Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mount Diablo Unified School District Information Technology Professional	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Margo Shrack Combs San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oracle America Director	\$250.00	\$250.00	2018P: \$250.00
11/16/2017	Trevor Comes Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trevor Comes Accountant	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 410 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Commercial Rock Company Upland, CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$10,000.00	2018P: \$10,000.00
7/30/2017	Carol Comparsi Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carol Comparsi Speech Pathologist	\$50.00	\$437.50	2018P: \$437.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Carol Comparsi Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carol Comparsi Speech Pathologist	\$100.00	\$437.50	2018P: \$437.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>411</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Carol Comparsi Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carol Comparsi Speech Pathologist	\$100.00	\$437.50	2018P: \$437.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Carol Comparsi Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carol Comparsi Speech Pathologist	\$100.00	\$437.50	2018P: \$437.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 412 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Susana Conde Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Susana Conde Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Susana Conde Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 413 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Susana Conde Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Susana Conde Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 414 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Susana Conde Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	John Connelly Corona Del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Connelly Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/20/2017	John Alan Connerley Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Alan Connerley Singer/Diplomat	\$5.00	\$105.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>415</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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8/20/2017	John Alan Connerley Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Alan Connerley Singer/Diplomat	\$5.00	\$105.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	John Alan Connerley Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Alan Connerley Singer/Diplomat	\$5.00	\$105.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	John Alan Connerley Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Alan Connerley Singer/Diplomat	\$25.00	\$105.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>416</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	John Alan Connerley Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Alan Connerley Singer/Diplomat	\$5.00	\$105.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	John Alan Connerley Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Alan Connerley Singer/Diplomat	\$5.00	\$105.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 417 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	John Alan Connerley Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Alan Connerley Singer/Diplomat	\$25.00	\$105.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Sandy Connolly Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sandy Connolly Consultant	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/7/2017	Anthony Consoli Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Massumi & Consoli, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>418</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Alicia Contreras San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$400.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Alicia Contreras San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$400.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 419 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Joshua Conviser Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joshua Conviser Writer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Douglas Cook San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cook & Company, A Professional Accountancy Corporation Certified Public Accountant	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Douglas Cook San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cook & Company, A Professional Accountancy Corporation Certified Public Accountant	\$50.00	\$600.00	2018P: \$650.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>420</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Douglas Cook San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cook & Company, A Professional Accountancy Corporation Certified Public Accountant	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Douglas Cook San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cook & Company, A Professional Accountancy Corporation Certified Public Accountant	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 421 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Douglas Cook San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cook & Company, A Professional Accountancy Corporation Certified Public Accountant	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Douglas Cook San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cook & Company, A Professional Accountancy Corporation Certified Public Accountant	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Shirley Cooke Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$155.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>422</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Shirley Cooke Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$145.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Shirley Cooke Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 423 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	Shirley Cooke Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Shirley Cooke Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Shirley Cooke Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$155.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>424</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Shirley Cooke Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$145.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Thomas Coombes Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keysight Technologies Business Process Analyst	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>425</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Hilary Cooper Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,150.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Josef Cooper San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cooper & Kirkham Attorney	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Lee Cooper Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Professor	\$250.00	\$5,250.00	2018P: \$5,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 426 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Michael Cooper San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loving Leaders, LLC Executive Leadership Coach	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	William Cooper Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>427</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2017	Carol Coote Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Carol Coote Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Carol Coote Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>428</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Carol Coote Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Jan Corbo Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 429 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/15/2017	Gioconda Coronado San Diego, CA 92105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gioconda Coronado Property Manager	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Gioconda Coronado San Diego, CA 92105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gioconda Coronado Property Manager	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Linda Corpuz Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Villa Realty Group Real Estate Broker	\$25.00	\$100.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>430</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Linda Corpuz Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Villa Realty Group Real Estate Broker	\$25.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Elsa Corrigan Truckee, CA 96161	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elsa Corrigan Restaurateur	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>431</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$185.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$185.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$185.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>432</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$185.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$185.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 433 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$185.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$185.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Theresa Corsick Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$185.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 434 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Nicole Corson San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sephora Manager	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Pattie Cortese San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alum Rock Union School District Teacher	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>435</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2017	Thomas Cosby Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bleacher Report Information Technology Manager	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Kitty Cotton-Storms Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$165.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>436</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>437</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$165.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>438</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>439</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Hubert Courtney Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Vince Courtney San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LiUNA! Business Representative	\$100.00	\$750.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Vince Courtney San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LiUNA! Business Representative	\$100.00	\$750.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>440</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Vince Courtney San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LiUNA! Business Representative	\$100.00	\$750.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Vince Courtney San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LiUNA! Business Representative	\$100.00	\$750.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 441 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Vince Courtney San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LiUNA! Business Representative	\$100.00	\$750.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Maria Cousineau Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cozen O'Connor Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Maria Cousineau Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cozen O'Connor Attorney	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 442 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Maria Cousineau Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cozen O'Connor Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Maria Cousineau Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cozen O'Connor Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>443</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Maria Cousineau Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cozen O'Connor Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Guillaume Coutheillas San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DDG Vice President Marketing	\$1,500.00	\$1,500.00	2018P: \$1,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Ron Cox San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sacred Heart Preparatory Athletics Coach	\$50.00	\$100.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>444</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	George Craig San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	George Craig San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 445 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	George Craig San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$100.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	George Craig San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	George Craig San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 446 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Mary Craig Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Volunteer	\$25.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Mary Craig Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Volunteer	\$25.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>447</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2017	Mary Craig Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Volunteer	\$25.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Mary Craig Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Volunteer	\$25.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Earle Craigie Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$245.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>448</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Earle Craigie Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Leslie Crane Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Junior College Professor	\$25.00	\$300.00	2018P: \$810.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 449 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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8/27/2017	Leslie Crane Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Junior College Professor	\$25.00	\$300.00	2018P: \$810.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Leslie Crane Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Junior College Professor	\$25.00	\$300.00	2018P: \$810.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Leslie Crane Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Junior College Professor	\$25.00	\$300.00	2018P: \$810.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>450</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Leslie Crane Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Junior College Professor	\$25.00	\$300.00	2018P: \$810.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Leslie Crane Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Junior College Professor	\$25.00	\$300.00	2018P: \$810.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>451</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/10/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Linda Crayton San Francisco, CA 94124 Memo Reference: IDT89364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	(\$150.00)	\$800.00	2018P: \$1,275.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>452</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 453 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>454</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Linda Crayton San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$800.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 455 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	John Crettol Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	John Crettol Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	John Crettol Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$800.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 456 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	John Crettol Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Robert Crizer Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Crizer Design Build Contractor	\$50.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 457 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$610.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$610.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$610.00	2018P: \$710.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 458 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$610.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$610.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 459 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$610.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$610.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$610.00	2018P: \$710.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>460</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Margaret Crockett San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$610.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Jan Crosbie-Taylor Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Francisco Information Technology Business Analyst	\$10.00	\$115.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 461 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Jan Crosbie-Taylor Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Francisco Information Technology Business Analyst	\$10.00	\$115.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Jan Crosbie-Taylor Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Francisco Information Technology Business Analyst	\$10.00	\$115.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Jan Crosbie-Taylor Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Francisco Information Technology Business Analyst	\$10.00	\$115.00	2018P: \$140.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>462</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Jan Crosbie-Taylor Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Francisco Information Technology Business Analyst	\$25.00	\$115.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Lauren Cross Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>463</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/2/2017	Melanie Crowley San Jose, CA 95132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bowman and Brooke Paralegal	\$100.00	\$200.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Kathy Cruice Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$380.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Kathy Cruice Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$380.00	2018P: \$380.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>464</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Kathy Cruice Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$380.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Kathy Cruice Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$380.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>465</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2017	Kathy Cruice Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$380.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Kathy Cruice Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$380.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Gari Cuevas San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer Salon Colorist	\$25.00	\$300.00	2018P: \$875.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>466</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Gari Cuevas San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer Salon Colorist	\$25.00	\$300.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Gari Cuevas San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer Salon Colorist	\$25.00	\$300.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 467 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Gari Cuevas San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer Salon Colorist	\$25.00	\$300.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Gari Cuevas San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer Salon Colorist	\$25.00	\$300.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Gari Cuevas San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Archer Salon Colorist	\$25.00	\$300.00	2018P: \$875.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>468</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Lynn Cullens Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mountain Lion Foundation Executive Director	\$500.00	\$500.00	2018P: \$500.00
12/4/2017	Darrel Cummings Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles LGBT Center Chief of Staff	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michael Cummins San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Alliance of Theatrical Stage Local 16 Stagehand	\$25.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017	<b>CALIFORNIA FORM 460</b>
through 12/31/2017	
Page 469 of 2602	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michael Cummins San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Alliance of Theatrical Stage Local 16 Stagehand	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Michael Cummins San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Alliance of Theatrical Stage Local 16 Stagehand	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>470</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Michael Cummins San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Alliance of Theatrical Stage Local 16 Stagehand	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Michael Cummins San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Alliance of Theatrical Stage Local 16 Stagehand	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Trystanne Cunningham San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trystanne Cunningham Interior Designer	\$25.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 471 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	David Cush San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not employed	\$500.00	\$500.00	2018P: \$11,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Beth Daecher San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BD Home Owner	\$500.00	\$500.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 472 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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11/27/2017	Carol Dahmen Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Comcast Spotlight Marketing	\$100.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Katherine Dallosto Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prospect Mortgage Sales Manager	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/24/2017	Katherine Dallosto Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prospect Mortgage Sales Manager	\$25.00	\$300.00	2018P: \$550.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>473</u> of <u>2602</u>
		I.D. Number 1375287

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Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Katherine Dallosto Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prospect Mortgage Sales Manager	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Katherine Dallosto Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prospect Mortgage Sales Manager	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 474 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/24/2017	Katherine Dallosto Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prospect Mortgage Sales Manager	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Katherine Dallosto Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prospect Mortgage Sales Manager	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Rich Dalwigk San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>475</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Rich Dalwigk San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Rich Dalwigk San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 476 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Rich Dalwigk San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Rich Dalwigk San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Rich Dalwigk San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>477</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Lauren Dana Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$185.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Lauren Dana Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$185.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>478</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Neil Dana Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/13/2017	Henry Dancona Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Henry Dancona Real Estate	\$100.00	\$100.00	2018P: \$100.00
7/31/2017	Karen K. Daniels Los Angeles, CA 91307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen K. Daniels Physical Therapist	\$20.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Karen K. Daniels Los Angeles, CA 91307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen K. Daniels Physical Therapist	\$20.00	\$160.00	2018P: \$205.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>479</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Dan Daniels Sr. San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Richard Daquioag Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>480</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Richard Daquiaoag Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Richard Daquiaoag Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Richard Daquiaoag Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$195.00	2018P: \$195.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 481 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Rick Erin Darwin San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buchalter Nemer Attorney	\$500.00	\$500.00	2018P: \$1,000.00
12/15/2017	Darwin Yip, M.D., Inc. Manteca, CA 95337	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/23/2017	Alex Dastmalchi Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dastmalchi, LLC Chief Executive Officer	\$10,000.00	\$11,100.00	2018P: \$11,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>482</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/10/2017	Alex Dastmalchi Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dastmalchi, LLC Chief Executive Officer	\$1,000.00	\$11,100.00	2018P: \$11,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Datparity Inc. Ripon, CA 95366	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/31/2017	Kathie Daufel Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$35.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>483</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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12/30/2017	Kathie Daufel Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Valdis Dauksts Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Valdis Dauksts Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$150.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>484</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Debby Davidson Birmingham, MI 94009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Susan Davies Cary, NC 27518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>485</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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8/25/2017	Susan Davies Cary, NC 27518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Susan Davies Cary, NC 27518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Susan Davies Cary, NC 27518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$580.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 486 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Susan Davies Cary, NC 27518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Susan Davies Cary, NC 27518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 487 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Amy Davis Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Chuck Davis San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simon Property Group Development Officer	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Chuck Davis San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simon Property Group Development Officer	\$50.00	\$600.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>488</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Chuck Davis San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simon Property Group Development Officer	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Chuck Davis San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simon Property Group Development Officer	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>489</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2017	Chuck Davis San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simon Property Group Development Officer	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Chuck Davis San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simon Property Group Development Officer	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Conner Davis Kirkland, WA 98004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>490</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	John Davis Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Davis Entertainment Chairman	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Joshua Davis San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Epic Magazine Business Owner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>491</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2017	Mary Davis Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MKD Associates, LLC Association Manager	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Mary Davis Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MKD Associates, LLC Association Manager	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Mary Davis Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MKD Associates, LLC Association Manager	\$50.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 492 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Mary Davis Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MKD Associates, LLC Association Manager	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Patrick Davis Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Methodist Church Pastor	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 493 of 2602

SEE INSTRUCTIONS ON REVERSE

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10/3/2017	Patrick Davis Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Methodist Church Pastor	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Patrick Davis Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Methodist Church Pastor	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Patrick Davis Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Methodist Church Pastor	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>494</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Peggy Davis Salton City, CA 92275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Peggy Davis Salton City, CA 92275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>495</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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9/28/2017	Peggy Davis Salton City, CA 92275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Phil Davis Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Porter Davis Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Rim Group President	\$100.00	\$100.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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Page <u>496</u> of <u>2602</u>	
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Porter Davis Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Rim Group President	\$100.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Porter Davis Mill Valley, CA 94941 Memo Reference: IDT107963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Rim Group President	(\$100.00)	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 497 of 2602

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1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/2017	Robert Davis San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Rodney Davis Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/7/2017	Sharon Day Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharon Day Costume Designer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>498</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Sharon Day Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharon Day Costume Designer	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Ignacio De La Puerta Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IDLF Solutions President/Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/22/2017	Christina De Limur Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christina De Limur Designer	\$100.00	\$200.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>499</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Christina De Limur Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christina De Limur Designer	\$100.00	\$200.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Gretchen De Limur Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Gretchen De Limur Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$240.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 500 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Gretchen De Limur Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Gretchen De Limur Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>501</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Gretchen De Limur Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Gretchen De Limur Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Cleber DeAlencar San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Perception Imagineering Owner	\$15.00	\$135.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>502</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Cleber DeAlencar San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Perception Imagineering Owner	\$15.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Cleber DeAlencar San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Perception Imagineering Owner	\$15.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>503</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cleber DeAlencar San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Perception Imagineering Owner	\$15.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Cleber DeAlencar San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Perception Imagineering Owner	\$15.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Cleber DeAlencar San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Perception Imagineering Owner	\$15.00	\$135.00	2018P: \$135.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 504 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/23/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>505</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$210.00	2018P: \$210.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>506</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 507 of 2602

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Newsom for California Governor 2018

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11/23/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$210.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Ailene Dean Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$210.00	2018P: \$210.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>508</u> of <u>2602</u>
		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Alexander (Sandy) L. Dean Jr. San Francisco, CA 94188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hawk Hill Management Investor/Chairman	\$19,200.00	\$29,200.00	2018P: \$29,200.00
7/21/2017	Jan Debont Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Jan Debont Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 509 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	David Dechman New York, NY 10065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SRA America, Inc. Investment Advisory	\$10,000.00	\$10,000.00	2018P: \$10,000.00
7/28/2017	Bernadine Deckard Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$155.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Bernadine Deckard Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$155.00	2018P: \$280.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 510 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Bernadine Deckard Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$155.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Bernadine Deckard Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$155.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 511 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Bernadine Deckard Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$155.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Bernadine Deckard Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$155.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Dianne Decker-Houser Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 512 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Dianne Decker-Houser Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Regina Defalco Lippert Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$30.00	\$160.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>513</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Daniel DeFoe Rocklin, CA 95765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sierra College Professor	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Deanna Dehlsen Montecito, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Jim Dehlsen Montecito, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dehlsen Associates, LLC Owner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>514</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Danielle Del West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Danielle Del Personal Manager	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Annie Delgado Penn Grove, CA 94951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 515 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	Heather D'Eliso Gordon San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Dietician	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Anamaria Delph Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Agency Real Estate	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Gil Demeter Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pontifax AgTech Private Equity	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>516</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Barbara DeMillan San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Democratic Women of Santa Barbara County Federal Goleta, CA 93110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/31/2017	Kathleen Dennison Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>517</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Andre Deocares-Lengyel Clayton, CA 94517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Iron and Silk, Inc. Corporate Executive	\$50.00	\$200.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Roseline Der Gregorian-Feral San Diego, CA 92110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of Roseline D. Feral Attorney	\$5.00	\$255.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>518</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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7/21/2017	Donald Derheim San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SJAZZ, Inc. Chief Executive Officer	\$250.00	\$1,000.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Donald Derheim San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SJAZZ, Inc. Chief Executive Officer	\$250.00	\$1,000.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Christina DeRonde Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
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Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>519</u> of <u>2602</u>	

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Christina DeRonde Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Joyce Derrickson Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>520</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kathryn Derwey Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Kathryn Derwey Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Kathryn Derwey Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>521</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Kathryn Derwey Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Kathryn Derwey Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>522</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Kathryn Derwey Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Gigi Desin-Phillips San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Serena & Lily Director	\$100.00	\$100.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Bill Deskin Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TapSnap Owner	\$100.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 523 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Bill Deskin Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TapSnap Owner	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Alex Dessouky Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	V2 Vine Group Marketing	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>524</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	Alexandra Destler Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SafetyNEST Founder/Chief Executive Officer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Peter Detkin Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intellectual Ventures Investor	\$1,000.00	\$1,000.00	2018P: \$6,000.00
12/5/2017	Howard R. Deutch Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HRD Productions Director	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 525 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Elaina DeVeaux Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Telecommute Institute Broadband Engineer	\$25.00	\$135.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Elaina DeVeaux Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Telecommute Institute Broadband Engineer	\$25.00	\$135.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Elaina DeVeaux Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Telecommute Institute Broadband Engineer	\$25.00	\$135.00	2018P: \$160.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>526</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Elaina DeVeaux Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Telecommute Institute Broadband Engineer	\$25.00	\$135.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Development Specialists, Inc. Chicago, IL 60602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
7/18/2017	Development Specialists, Inc. Chicago, IL 60602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page <u>527</u> of <u>2602</u>

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NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Anne Devereux-Mills San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Rachel Devlin Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vans District Manager	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Rachel Devlin Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vans District Manager	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>528</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Rachel Devlin Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vans District Manager	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Rachel Devlin Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vans District Manager	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 529 of 2602

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NAME OF FILER  
Newsom for California Governor 2018

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11/17/2017	Rachel Devlin Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vans District Manager	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Rachel Devlin Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vans District Manager	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Theresa Devonshire San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ravenswood Family Health Center Staff Development	\$20.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>530</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Theresa Devonshire San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ravenswood Family Health Center Staff Development	\$20.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Theresa Devonshire San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ravenswood Family Health Center Staff Development	\$20.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>531</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/18/2017	Theresa Devonshire San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ravenswood Family Health Center Staff Development	\$20.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Theresa Devonshire San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ravenswood Family Health Center Staff Development	\$20.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Theresa Devonshire San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ravenswood Family Health Center Staff Development	\$20.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 532 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Dharminder Dewan Newark, CA 94560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurture Kids, Inc. President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
11/16/2017	Dharminder Dewan Newark, CA 94560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurture Kids, Inc. President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Dharminder Dewan Newark, CA 94560 Memo Reference: INC5137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurture Kids, Inc. President	(\$2,500.00)	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 533 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Mary Ann Dewan San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara County Office Of Education Deputy Superintendent	\$250.00	\$250.00	2018P: \$250.00
10/1/2017	David DeWilde San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David DeWilde Real Estate	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Katherine DeWilde San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine DeWilde Director	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>534</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Jill Dexter Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Christine Di Salvo San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Jose State University Professor	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Jerry Di Salvo San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 535 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2017	Joseph Di Salvo San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Jose State University/Santa Clara County Office of Education Trustee/Adjunct	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Joseph Di Salvo San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Jose State University/Santa Clara County Office of Education Trustee/Adjunct	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Diageo North America, Inc. Norwalk, CT 06851	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 536 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/5/2017	Ronald Dibble Jr. Lakewood, CA 90712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vent Productions Musician	\$5.00	\$130.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Ronald Dibble Jr. Lakewood, CA 90712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vent Productions Musician	\$25.00	\$130.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Ronald Dibble Jr. Lakewood, CA 90712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vent Productions Musician	\$25.00	\$130.00	2018P: \$160.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>537</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Kathy Dice Borrego Springs, CA 92004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Parks and Recreation State Park Superintendent	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Kathy Dice Borrego Springs, CA 92004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Parks and Recreation State Park Superintendent	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>538</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Kathy Dice Borrego Springs, CA 92004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Parks and Recreation State Park Superintendent	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Kathy Dice Borrego Springs, CA 92004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Parks and Recreation State Park Superintendent	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Kathy Dice Borrego Springs, CA 92004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Parks and Recreation State Park Superintendent	\$50.00	\$600.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 539 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Kathy Dice Borrego Springs, CA 92004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Parks and Recreation State Park Superintendent	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Dickerson Employee Benefits, Inc. Los Angeles, CA 90039	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2018P: \$3,000.00
8/31/2017	Larry Dickey San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Physician	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 540 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>541</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>542</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 543 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	David Dietrich San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$500.00	2018P: \$862.50
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 544 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Candace Dietsch Redlands, CA 92374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Candace Dietsch Redlands, CA 92374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>545</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Candace Dietsch Redlands, CA 92374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Candace Dietsch Redlands, CA 92374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Candace Dietsch Redlands, CA 92374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 546 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Candace Dietsch Redlands, CA 92374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/9/2017	Patrick Dill San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probo Data Group, Inc. Product Manager	\$25.00	\$275.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 547 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Patrick Dill San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probo Data Group, Inc. Product Manager	\$25.00	\$275.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/9/2017	Patrick Dill San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probo Data Group, Inc. Product Manager	\$25.00	\$275.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Patrick Dill San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probo Data Group, Inc. Product Manager	\$25.00	\$275.00	2018P: \$280.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>548</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Patrick Dill San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probo Data Group, Inc. Product Manager	\$25.00	\$275.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Patrick Dill San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probo Data Group, Inc. Product Manager	\$25.00	\$275.00	2018P: \$280.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 549 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Constance Dillard San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Dina DiLoreto Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The State Bar of California Administrative Manager	\$50.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Dina DiLoreto Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The State Bar of California Administrative Manager	\$50.00	\$150.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>550</u> of <u>2602</u>

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Dina DiLoreto Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The State Bar of California Administrative Manager	\$50.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	J. Philip DiNapoli San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J.P. DiNapoli Companies, Inc. Director	\$2,500.00	\$4,000.00	2018P: \$4,000.00
9/18/2017	Patricia Dinner San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$3,000.00	2018P: \$4,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>551</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Patricia Dinner San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$3,000.00	2018P: \$4,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Michael DiStefano Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael DiStefano Certified Public Accountant	\$50.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 552 of 2602

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NAME OF FILER

Newsom for California Governor 2018

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10/30/2017	Michael DiStefano Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael DiStefano Certified Public Accountant	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michael DiStefano Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael DiStefano Certified Public Accountant	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Michael DiStefano Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael DiStefano Certified Public Accountant	\$25.00	\$275.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 553 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Paula DiVerde Peoria, AZ 85383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Paula DiVerde Peoria, AZ 85383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 554 of 2602

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9/27/2017	Paula DiVerde Peoria, AZ 85383	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Fred Doar Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fred Doar Artist	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Rick Dobbs Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Last Word Owner	\$100.00	\$1,100.00	2018P: \$2,850.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>555</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Rick Dobbs Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Last Word Owner	\$100.00	\$1,100.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Rick Dobbs Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Last Word Owner	\$100.00	\$1,100.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 556 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Rick Dobbs Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Last Word Owner	\$100.00	\$1,100.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Rick Dobbs Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Last Word Owner	\$100.00	\$1,100.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Andrew N. Dodge Lancaster, PA 17603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gerbert, LTD Executive	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 557 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Bill Dodge San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dodge Studio Arts Writer/Photographer	\$40.00	\$160.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Michael Dodson Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$25.00	\$360.00	2018P: \$545.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 558 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$5.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$25.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 559 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$5.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$25.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$5.00	\$360.00	2018P: \$545.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>560</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$25.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$5.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 561 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$25.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$5.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$25.00	\$360.00	2018P: \$545.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>562</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Jon Doellstedt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richmond Wholesale Chief Information Officer	\$5.00	\$360.00	2018P: \$545.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Dagmar Dolby San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$5,000.00	\$10,000.00	2018P: \$16,000.00
12/18/2017	John Domingos San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Domingos Office Manager	\$250.00	\$3,250.00	2018P: \$4,050.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>563</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/19/2017	Janell Dominguez Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Janell Dominguez Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 564 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Janell Dominguez Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Dana Dominguez-Rogge Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Dana Dominguez-Rogge Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>565</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Dana Dominguez-Rogge Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Daniel Donahoe San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Free Flow Wines Owner	\$250.00	\$250.00	2018P: \$250.00
11/13/2017	Eileen Donahoe Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Global Digital Policy Incubator Attorney/Advocate	\$10,000.00	\$41,820.00	2018P: \$29,200.00 2018G: \$12,620.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>566</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Eileen Donahoe Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Global Digital Policy Incubator Attorney/Advocate	\$10,800.00	\$41,820.00	2018P: \$29,200.00 2018G: \$12,620.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Eileen Donahoe Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Global Digital Policy Incubator Attorney/Advocate	\$9,200.00	\$41,820.00	2018P: \$29,200.00 2018G: \$12,620.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>567</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Jay Donato Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Jay Donato Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Jay Donato Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$290.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 568 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Jay Donato Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Liz Dondero San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 569 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Anita Donofrio Ridgefield, CT 06877	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anita Donofrio Developer	\$500.00	\$5,000.00	2018P: \$5,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Anita Donofrio Ridgefield, CT 06877	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anita Donofrio Developer	\$500.00	\$5,000.00	2018P: \$5,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Anita Donofrio Ridgefield, CT 06877	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anita Donofrio Developer	\$500.00	\$5,000.00	2018P: \$5,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>570</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Joanne Donsky Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Catherine Doo Denair, CA 95316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$315.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 571 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Mike Doodson Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Mike Doodson Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Mike Doodson Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$365.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 572 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Mike Doodson Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Mike Doodson Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 573 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Mike Doodson Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Bruce Dorfman Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thompson Dorfman Partners, LLC Real Estate	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Mary Dorra Carpinteria, CA 93013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Dorra Author	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>574</u> of <u>2602</u>	
I.D. Number 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Adam Dorsay San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adam Dorsay Psychologist	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Brannin Dorsey Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Unified School District Teacher	\$100.00	\$100.00	2018P: \$220.00
10/16/2017	Inder Dosanjh Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Automobile Retailing Group, Inc. President	\$1,000.00	\$25,000.00	2018P: \$29,200.00 2018G: \$24,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 575 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Inder Dosanjh Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Automobile Retailing Group, Inc. President	\$24,000.00	\$25,000.00	2018P: \$29,200.00 2018G: \$24,000.00
11/15/2017	Valvinder Dosanjh Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CarGurus Owner	\$10,000.00	\$10,000.00	2018P: \$15,800.00
12/8/2017	Gary Doss Big Bear Lake, CA 92315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gary Doss Realtor	\$250.00	\$250.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Jack Doty San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFOs2GO Consulting Chief Financial Officer	\$250.00	\$750.00	2018P: \$750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 576 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Alyson Douglas Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$500.00	\$500.00	2018P: \$500.00
12/1/2017	Lenore Douglas Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lenore Douglas Actor/Writer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Diana Douglass Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diana Douglass Physician	\$50.00	\$127.50	2018P: \$127.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>577</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Stephanie Douglass San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vungle Vice President	\$250.00	\$1,750.00	2018P: \$3,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Stephanie Douglass San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vungle Vice President	\$250.00	\$1,750.00	2018P: \$3,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 578 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Stephanie Douglass San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vungle Vice President	\$250.00	\$1,750.00	2018P: \$3,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Julie Dowling San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dowling Studios Architect	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Suzanne Dowling Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suzanne Dowling Professional Fiduciary	\$50.00	\$150.00	2018P: \$225.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 579 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Suzanne Dowling Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suzanne Dowling Professional Fiduciary	\$50.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Suzanne Dowling Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suzanne Dowling Professional Fiduciary	\$50.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 580 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	Michael Downing San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tout, Inc. Technology Executive	\$1,000.00	\$1,000.00	2018P: \$2,025.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	James Downs San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of Wallace C. Doolittle Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Jeanne Doyle Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George P. Johnson Senior Housing Director	\$10.00	\$135.00	2018P: \$145.00

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 581 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Jeanne Doyle Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George P. Johnson Senior Housing Director	\$10.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Jeanne Doyle Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George P. Johnson Senior Housing Director	\$10.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 582 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2017	Jeanne Doyle Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George P. Johnson Senior Housing Director	\$10.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Jeanne Doyle Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George P. Johnson Senior Housing Director	\$10.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Jeanne Doyle Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George P. Johnson Senior Housing Director	\$10.00	\$135.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>583</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	James V. Drago Roseville, CA 95678	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2018P: \$500.00
8/2/2017	John Paul Drayer Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Kurt Dreyer Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Association for the Exchange of Students for Technical Experience (IASTE) Local #107 Stagehand	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>584</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Lisa Drinkward Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Drinkward Winemaker	\$100.00	\$1,000.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Lisa Drinkward Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Drinkward Winemaker	\$100.00	\$1,000.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 585 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	Lisa Drinkward Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Drinkward Winemaker	\$100.00	\$1,000.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Lisa Drinkward Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Drinkward Winemaker	\$100.00	\$1,000.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Lisa Drinkward Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Drinkward Winemaker	\$100.00	\$1,000.00	2018P: \$1,050.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>586</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Hanna Driscoll Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$355.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Hanna Driscoll Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$355.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 587 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Hanna Driscoll Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$355.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Edward Dryg Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Duane Morris LLP Government Committee Philadelphia, PA 19103 Committee ID: 1255069	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 588 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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7/31/2017	Phillip Dudley San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phillip Wayne Custom Workroom Owner	\$10.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Phillip Dudley San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phillip Wayne Custom Workroom Owner	\$15.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Mayra Dudrenova San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Portales Pharmacy Pharmacy Technician	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>589</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Mayra Dudrenova San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Portales Pharmacy Pharmacy Technician	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Mayra Dudrenova San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Portales Pharmacy Pharmacy Technician	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 590 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Timothy Duffy Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simply Home Entertainment Owner	\$250.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Duggal Medical Corporation, Inc. Modesto, CA 95355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/30/2017	Craig Duncan Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dollar General Technician	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 591 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2017	Craig Duncan Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dollar General Technician	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Craig Duncan Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dollar General Technician	\$15.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Craig Duncan Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dollar General Technician	\$15.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>592</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Terre Dunivant San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gaia Graphics & Associates Graphic Designer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Terre Dunivant San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gaia Graphics & Associates Graphic Designer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 593 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2017	Terre Dunivant San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gaia Graphics & Associates Graphic Designer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Terre Dunivant San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gaia Graphics & Associates Graphic Designer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Terre Dunivant San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gaia Graphics & Associates Graphic Designer	\$25.00	\$200.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 594 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Terre Dunivant San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gaia Graphics & Associates Graphic Designer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Dennis Dunkelberger Guerneville, CA 95446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sunrise Home Interior Designer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 595 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Timothy Dunn San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abbot Scientist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Amy Dunning Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lionsgate Executive	\$100.00	\$100.00	2018P: \$200.00
10/18/2017	Jill Duoto San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	High Bluff Academy Principal	\$100.00	\$200.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>596</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Richard Dupell Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/2/2017	Richard Dupell Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Richard Dupell Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 597 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Richard Dupell Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	David DuPont Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vanguard Properties Real Estate	\$500.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>598</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	David DuPont Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vanguard Properties Real Estate	\$50.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Chris Durkin San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Durkin Real Estate	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Milena Durkin San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>599</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Patricia Dutra Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Information Technology Manager	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Patricia Dutra Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Information Technology Manager	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 600 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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9/30/2017	Patricia Dutra Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Information Technology Manager	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Patricia Dutra Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Information Technology Manager	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Patricia Dutra Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Information Technology Manager	\$25.00	\$275.00	2018P: \$325.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 601 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Patricia Dutra Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Information Technology Manager	\$25.00	\$275.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Wendy Dyckerhoff Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 602 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	Carolyn Dye Los Angeles, CA 91411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dye Carolyn Attorney	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>603</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>604</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>605</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>606</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Theresa Dziubek West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>607</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Marly Echeverria Pasadena, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charter Oak Unified School District Teacher	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Ed Hernandez for San Leandro City Council 2016 San Leandro, CA 94577 Committee ID: 1380984	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2018P: \$100.00
11/14/2017	Edison Electric Institute Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 608 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Marguerite Edralin San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Commissioner	\$25.00	\$120.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Marguerite Edralin San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Commissioner	\$25.00	\$120.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 609 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Marguerite Edralin San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Commissioner	\$20.00	\$120.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Johnathan Edwards Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Johnathan Edwards Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$250.00	2018P: \$250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 610 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Ross Edwards Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Build Group Construction	\$500.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Ross Edwards Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Build Group Construction	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 611 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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8/5/2017	Laurel Egenberger Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$200.00
9/28/2017	Laurel Egenberger Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Laurel Egenberger Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 612 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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11/28/2017	Laurel Egenberger Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Laurel Egenberger Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/3/2017	Charles Egiziano Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Management Services, Inc. Manager	\$10.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 613 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/6/2017	Charles Egiziano Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Management Services, Inc. Manager	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Charles Egiziano Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Management Services, Inc. Manager	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>614</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Charles Egiziano Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Management Services, Inc. Manager	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Charles Egiziano Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Management Services, Inc. Manager	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Charles Egiziano Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Management Services, Inc. Manager	\$5.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 615 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Charles Egiziano Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trinity Management Services, Inc. Manager	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Warren Egnal San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engagement Strategies Executive	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 616 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Warren Egnal San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engagement Strategies Executive	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Warren Egnal San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engagement Strategies Executive	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Warren Egnal San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engagement Strategies Executive	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>617</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Libby Eiden Portland, OR 97217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Libby Eiden Artist	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Kenneth Einstein San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kenneth Einstein Software Designer	\$25.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 618 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/2/2017	Kenneth Einstein San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kenneth Einstein Software Designer	\$25.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Kenneth Einstein San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kenneth Einstein Software Designer	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Kenneth Einstein San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kenneth Einstein Software Designer	\$10.00	\$115.00	2018P: \$115.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 619 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Vitka Eisen Berkeley, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HealthRIGHT 360 Chief Executive Officer	\$300.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Lee J. Eisenberg Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Quality Entertainment/Lee J. Eisenberg Writer/Producer	\$100.00	\$100.00	2018P: \$100.00
10/1/2017	Elena Eisenman Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Ophthalmic Assistant	\$20.00	\$175.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>620</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Elena Eisenman Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Ophthalmic Assistant	\$5.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Michael Eisler San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Baco Real Estate Investor	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>621</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Ek Onkar, LLC Modesto, CA 95350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/16/2017	Sue Eland Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Sue Eland Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 622 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2017	Sue Eland Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Sue Eland Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	ELH Partners, LLC Chicago, IL 60616	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 623 of 2602

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10/11/2017	Jonathan Ellenzweig Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tricon Capital Group Finance	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	David Elliott Eugene, OR 97405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$180.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	David Elliott Eugene, OR 97405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$30.00	\$180.00	2018P: \$205.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>624</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	David Elliott Eugene, OR 97405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$180.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Eric Elliott San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Florists' Transworld Delivery (FTD) Workforce Scheduler	\$15.00	\$135.00	2018P: \$480.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 625 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2017	Eric Elliott San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Florists' Transworld Delivery (FTD) Workforce Scheduler	\$15.00	\$135.00	2018P: \$480.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Eric Elliott San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Florists' Transworld Delivery (FTD) Workforce Scheduler	\$15.00	\$135.00	2018P: \$480.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Eric Elliott San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Florists' Transworld Delivery (FTD) Workforce Scheduler	\$15.00	\$135.00	2018P: \$480.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 626 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Eric Elliott San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Florists' Transworld Delivery (FTD) Workforce Scheduler	\$15.00	\$135.00	2018P: \$480.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Kristy Ellis Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 627 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/14/2017	Emilia I San Francisco, CA 94114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/27/2017	Darlene Emmert Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$205.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Darlene Emmert Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$205.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 628 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Darlene Emmert Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$205.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Daniel Emmett Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Next Energy Technologies, Inc. Chief Executive Officer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Dennis Empey Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 629 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Dennis Empey Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Dennis Empey Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 630 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Dennis Empey Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Dennis Empey Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Dennis Empey Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 631 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Sheila Enelow Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
7/15/2017	Todd Enersen Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc. Director	\$25.00	\$350.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Todd Enersen Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc. Director	\$25.00	\$350.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 632 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Todd Enersen Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc. Director	\$25.00	\$350.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Todd Enersen Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc. Director	\$25.00	\$350.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 633 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2017	Todd Enersen Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc. Director	\$25.00	\$350.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Todd Enersen Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc. Director	\$25.00	\$350.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Todd Enersen Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc. Director	\$25.00	\$350.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>634</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Andrea Engelmann Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$220.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Andrea Engelmann Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$220.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 635 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Andrea Engelmann Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$220.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Andrea Engelmann Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$220.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Andrea Engelmann Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$220.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>636</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Nancy Englund Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Entertainment Software Association Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,200.00	\$30,200.00	2018P: \$49,200.00 2018G: \$9,200.00
12/14/2017	Epoca, LLC San Francisco, CA 94103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>637</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2017	Tom Epstein Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Equity Community Builders, LLC San Francisco, CA 94129	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
12/31/2017	Shaari Ergas San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 638 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Jane Erickson San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Airport Sales Agent	\$25.00	\$110.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Jane Erickson San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Airport Sales Agent	\$25.00	\$110.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Steven Ericsson-Zenith Los Gatos, CA 95033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$225.00	2018P: \$235.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>639</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Steven Ericsson-Zenith Los Gatos, CA 95033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$225.00	2018P: \$235.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Ralph Escalera Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Invista Marketing/Sales	\$10.00	\$120.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 640 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	Ralph Escalera Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Invista Marketing/Sales	\$10.00	\$120.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Ralph Escalera Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Invista Marketing/Sales	\$10.00	\$120.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Ralph Escalera Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Invista Marketing/Sales	\$10.00	\$120.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>641</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Ralph Escalera Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Invista Marketing/Sales	\$10.00	\$120.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Ralph Escalera Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Invista Marketing/Sales	\$10.00	\$120.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 642 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Jill Escher San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Carroll Estes Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Carroll Estes Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>643</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Elizabeth Estes Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atkinson, Andelson, Loya, Ruud & Romo Attorney	\$1,000.00	\$1,000.00	2018P: \$1,800.00
12/31/2017	Jason Ett Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Jennifer Eubanks South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chart House Waiter	\$5.00	\$160.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 644 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Jennifer Eubanks South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chart House Waiter	\$5.00	\$160.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Jennifer Eubanks South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chart House Waiter	\$5.00	\$160.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 645 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jennifer Eubanks South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chart House Waiter	\$5.00	\$160.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Jennifer Eubanks South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chart House Waiter	\$5.00	\$160.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Jennifer Eubanks South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chart House Waiter	\$5.00	\$160.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 646 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Annie Evans Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annie Evans Realtor	\$50.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Annie Evans Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annie Evans Realtor	\$50.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 647 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Annie Evans Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annie Evans Realtor	\$50.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Annie Evans Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annie Evans Realtor	\$50.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Annie Evans Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annie Evans Realtor	\$50.00	\$285.00	2018P: \$285.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>648</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Annie Evans Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annie Evans Realtor	\$35.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	William Evans Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brocade Sales	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>649</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>650</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>651</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>652</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>653</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 654 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$110.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Cleopatra Ewing Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>655</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/21/2017	Faculty for our University's Future, a Committee Sponsored by the California Faculty Association Small Contributor Committee Sacramento, CA 95814 Committee ID: 850007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$14,600.00	\$14,600.00	2018P: \$14,600.00
7/30/2017	Carl Fagerskog Crescent City, CA 95531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$125.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Stephen Faille San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Episcopal Community Services Social Worker	\$5.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 656 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Stephen Faille San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Episcopal Community Services Social Worker	\$20.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Bahman Fakhimi Newport Coast, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Houman Fakhimi Newport Coast, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	F & B Associates, Inc. Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 657 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Martha Falkenberg Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	K. Falls Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Left Coast Productions Writer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 658 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Judy Faltz Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Judy Faltz Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Judy Faltz Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>659</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Judy Faltz Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Samie Falvey Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Producer	\$250.00	\$575.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 660 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Samie Falvey Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Producer	\$250.00	\$575.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Dana Farahani Woodland Hills, CA 91367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENBAND Telecommunications	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Dmitry Farber Chula Vista, CA 91913	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaplan, Inc. Teacher	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>661</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Ellen Farbstein Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/19/2017	Penny Fargo Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ventura County Probation Probation Officer	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 662 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Penny Fargo Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ventura County Probation Probation Officer	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Marjan Fariba San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cocoon Chief Operating Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Jon Farmer Burbank, CA 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney Designer	\$25.00	\$155.00	2018P: \$155.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 663 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Lisa Farmer San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LMF Advisors Fundraiser	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Farmers Group, Inc. Woodland Hills, CA 91367	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$10,000.00	2018P: \$29,200.00 2018G: \$9,000.00
12/31/2017	Farmers Group, Inc. Woodland Hills, CA 91367	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,000.00	\$10,000.00	2018P: \$29,200.00 2018G: \$9,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 664 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Corice Farrar Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Army Corps of Engineers Supervisory Biologist	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Corice Farrar Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Army Corps of Engineers Supervisory Biologist	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Corice Farrar Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Army Corps of Engineers Supervisory Biologist	\$25.00	\$100.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 665 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Christine Farro Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Barbara Social Worker	\$25.00	\$105.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Christine Farro Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Barbara Social Worker	\$5.00	\$105.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 666 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2017	Christine Farro Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Barbara Social Worker	\$5.00	\$105.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Christine Farro Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Barbara Social Worker	\$25.00	\$105.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Christine Farro Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Barbara Social Worker	\$5.00	\$105.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 667 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Christine Farro Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Barbara Social Worker	\$5.00	\$105.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Christine Farro Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Barbara Social Worker	\$5.00	\$105.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 668 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Laurie Farros Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Head Over Heels Chief Executive Officer	\$40.00	\$230.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Laurie Farros Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Head Over Heels Chief Executive Officer	\$40.00	\$230.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Ryan Reza Farsai Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ryan Reza Farsai Chief Financial Strategist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 669 of 2602
		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2017	Tom Faulk Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$105.00	2018P: \$230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Irene Favela Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Clerical	\$10.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Irene Favela Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Clerical	\$10.00	\$110.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>670</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Irene Favela Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Clerical	\$10.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Irene Favela Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Clerical	\$10.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 671 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Irene Favela Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Clerical	\$10.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Andrew A. Faye Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins Partner	\$5,000.00	\$5,000.00	2018P: \$5,000.00
10/10/2017	Erik Feig Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lionsgate Film Executive	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 672 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robin Feinman-Marino San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Aaron Fekete San Diego, CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aaron Fekete Printing	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Doug Felt Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Engineer	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>673</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Susan Feniger Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Feniger Chef	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/15/2017	Maryann Feo Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Marie Ferdon San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paragon Real Estate Group Real Estate Agent	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>674</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Donald Ferguson Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$400.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Donald Ferguson Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$400.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 675 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Donald Ferguson Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$400.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Donald Ferguson Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$400.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Donald Ferguson Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$400.00	2018P: \$600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 676 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Katherine Ferguson Las Vegas, NV 89102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Ferguson Real Estate	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Katherine Ferguson Las Vegas, NV 89102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Ferguson Real Estate	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 677 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Frank Fernandez Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Frank Fernandez Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Brian L. Ferrall San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keker Van Nest Peters Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>678</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	David Ferrara Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hollywood Radio & Television Society Executive Director	\$100.00	\$100.00	2018P: \$100.00
11/7/2017	Andre Ferrigno San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andre Ferrigno Real Estate Investments	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/7/2017	Carolyn Ferris San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,425.00	2018P: \$1,425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 679 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Carolyn Ferris San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$1,425.00	2018P: \$1,425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Carolyn Ferris San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,425.00	2018P: \$1,425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Camilla Field San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Camilla Field Integral Coach	\$5,000.00	\$5,000.00	2018P: \$15,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>680</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Matthew Field San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TMG Partners Real Estate Developer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$7.00	\$148.00	2018P: \$153.00
8/2/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$8.00	\$148.00	2018P: \$153.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>681</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$10.00	\$148.00	2018P: \$153.00
8/30/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$10.00	\$148.00	2018P: \$153.00
9/5/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$9.00	\$148.00	2018P: \$153.00
9/13/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$15.00	\$148.00	2018P: \$153.00
9/27/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$7.00	\$148.00	2018P: \$153.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 682 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$5.00	\$148.00	2018P: \$153.00
10/25/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$10.00	\$148.00	2018P: \$153.00
11/8/2017	Marcos Figueroa Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MFA Global Consulting Group, LLC Chief Executive Officer	\$5.00	\$148.00	2018P: \$153.00
9/30/2017	Jennifer Filzen Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Filzen Marketer	\$10.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>683</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	Jennifer Filzen Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Filzen Marketer	\$25.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Jennifer Filzen Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Filzen Marketer	\$25.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Jennifer Filzen Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Filzen Marketer	\$5.00	\$110.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 684 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Jennifer Filzen Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Filzen Marketer	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Jennifer Filzen Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Filzen Marketer	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>685</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Steven K. Finch Modesto, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fisher Wireless Senior Vice President of Sales	\$100.00	\$100.00	2018P: \$100.00
9/10/2017	Diane Finer Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	David Fink Carmel by the Sea, CA 93921	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Fink Hotelier	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>686</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/8/2017	Robin Fink San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Taku Partners Banker	\$500.00	\$500.00	2018P: \$2,000.00
7/26/2017	Robert Finley III Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Finley Cinematographer	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Robert Finley III Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Finley Cinematographer	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 687 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Robert Finley III Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Finley Cinematographer	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Daniel Finn San Jose, CA 95134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Able Engineering Engineer	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Chuck Finnie Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barnes, Mosher, Whitehurst, Lauter & Partners Media Consultant	\$10.00	\$120.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>688</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Chuck Finnie Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barnes, Mosher, Whitehurst, Lauter & Partners Media Consultant	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Chuck Finnie Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barnes, Mosher, Whitehurst, Lauter & Partners Media Consultant	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>689</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	Chuck Finnie Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barnes, Mosher, Whitehurst, Lauter & Partners Media Consultant	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Chuck Finnie Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barnes, Mosher, Whitehurst, Lauter & Partners Media Consultant	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Chuck Finnie Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barnes, Mosher, Whitehurst, Lauter & Partners Media Consultant	\$10.00	\$120.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>690</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Carol Fisch Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$152.50	2018P: \$202.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Carol Fisch Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$152.50	2018P: \$202.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>691</u> of <u>2602</u>		I.D. Number 1375287

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NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	Carol Fisch Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$152.50	2018P: \$202.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Carol Fisch Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$152.50	2018P: \$202.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Laurent Fischer San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allergan, Inc. Physician	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>692</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Harry Fish Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Harry Fish Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 693 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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9/16/2017	Harry Fish Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Harry Fish Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Harry Fish Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>694</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Harry Fish Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/9/2017	Rachel Fish Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture, Engineering, Consulting, Operations and Maintenance (AECOM) Construction Manager	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 695 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Rachel Fish Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture, Engineering, Consulting, Operations and Maintenance (AECOM) Construction Manager	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/9/2017	Rachel Fish Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture, Engineering, Consulting, Operations and Maintenance (AECOM) Construction Manager	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Rachel Fish Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture, Engineering, Consulting, Operations and Maintenance (AECOM) Construction Manager	\$25.00	\$300.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>696</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Rachel Fish Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture, Engineering, Consulting, Operations and Maintenance (AECOM) Construction Manager	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Rachel Fish Bakersfield, CA 93308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture, Engineering, Consulting, Operations and Maintenance (AECOM) Construction Manager	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 697 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Stephen Fishback Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keller Fishback & Jackson, LLP Attorney	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Alex R. Fisher San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fisher Development, Inc. Construction	\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/30/2017	Brent Fisher Forestville, CA 95436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dryvit Systems, Inc. Marketing Manager	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 698 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Brent Fisher Forestville, CA 95436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dryvit Systems, Inc. Marketing Manager	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Brent Fisher Forestville, CA 95436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dryvit Systems, Inc. Marketing Manager	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Brent Fisher Forestville, CA 95436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dryvit Systems, Inc. Marketing Manager	\$25.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>699</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Brent Fisher Forestville, CA 95436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dryvit Systems, Inc. Marketing Manager	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Keiren Fisher Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viacom Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>700</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2017	Laura M. Fisher San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$29,200.00	\$29,200.00	2018P: \$29,200.00
8/29/2017	Pamela Fisher Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pamela Fisher Speech Pathologist	\$100.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Pamela Fisher Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pamela Fisher Speech Pathologist	\$125.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 701 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2017	Pamela Fisher Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pamela Fisher Speech Pathologist	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Sakurako D. Fisher San Francisco, CA 94188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$29,200.00
10/16/2017	William S. Fisher San Francisco, CA 94188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manzanita Capital Investor	\$1,000.00	\$1,000.00	2018P: \$29,200.00
9/1/2017	Ellen Fishman San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bradford Design Designer	\$25.00	\$115.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 702 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Ellen Fishman San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bradford Design Designer	\$15.00	\$115.00	2018P: \$190.00
12/1/2017	Ellen Fishman San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bradford Design Designer	\$25.00	\$115.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Mae Fisk Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 703 of 2602

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Mae Fisk Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Mae Fisk Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>704</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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9/30/2017	Mae Fisk Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Mae Fisk Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Mae Fisk Rohnert Park, CA 94928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>705</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Barbara Fistanic Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harmony Place Clinical Director of Drugs & Alcohol Rehab	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Jody Fitt Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLS Enterprises Executive	\$50.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 706 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2017	Beth FitzGerald Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$25.00	\$150.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Beth FitzGerald Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$50.00	\$150.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Beth FitzGerald Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$25.00	\$150.00	2018P: \$155.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>707</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Beth FitzGerald Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$50.00	\$150.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Michael Fitzgerald Ben Lomond, CA 95005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Camino Hospital Executive Director	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>708</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Paul Fitzpatrick Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BioMarin Pharmaceutical Scientist	\$50.00	\$150.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Paul Fitzpatrick Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BioMarin Pharmaceutical Scientist	\$25.00	\$150.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Paul Fitzpatrick Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BioMarin Pharmaceutical Scientist	\$25.00	\$150.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>709</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Paul Fitzpatrick Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BioMarin Pharmaceutical Scientist	\$25.00	\$150.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Marlene Fitzwater Sacramento, CA 95841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$250.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 710 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Margreet Fledderus Forestville, CA 95436 Memo Reference: IDT88242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	(\$50.00)	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Margreet Fledderus Forestville, CA 95436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	William Fleishhacker San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pelosi Law Group Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 711 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Michaela Fleming Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Net Psychotherapist	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Michaela Fleming Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Net Psychotherapist	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 712 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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9/22/2017	Michaela Fleming Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Net Psychotherapist	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Michaela Fleming Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Net Psychotherapist	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Michaela Fleming Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Net Psychotherapist	\$15.00	\$180.00	2018P: \$180.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 713 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Michaela Fleming Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Net Psychotherapist	\$15.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Van Fletcher Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10,000.00	\$15,000.00	2018P: \$29,200.00 2018G: \$13,800.00
9/21/2017	Wayne S. Flick Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins, LLP Attorney	\$5,000.00	\$5,000.00	2018P: \$20,050.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>714</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Jason Flom New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lava Records Record Producer	\$5,000.00	\$5,000.00	2018P: \$10,000.00
9/29/2017	Lawrance Florin Berkeley, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa County County Administrator	\$500.00	\$1,500.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Francine Florio San Gabriel, CA 91776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 715 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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11/17/2017	Todd Floyd Las Vegas, NV 89135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Todd Floyd Real Estate Development	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Todd Floyd Las Vegas, NV 89135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Todd Floyd Real Estate Development	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Iris Fluellen San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Parks Alliance Director of Leadership Gifts	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>716</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Chris Foley San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Foley Entrepreneur	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Elizabeth Foley Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>717</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Elizabeth Foley Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Foluim Biosciences Colorado Springs, CO 80915	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/30/2017	Barney Fonzi Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diablo Publications President/Publisher	\$100.00	\$100.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 718 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Heemeng Foo Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	John Foraker Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Once Upon a Farm Chief Executive Officer	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Diane Force Rialto, CA 92376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>719</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Diane Force Rialto, CA 92376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Diane Force Rialto, CA 92376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 720 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gerald Forquell Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$370.00	2018P: \$740.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Gerald Forquell Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$370.00	2018P: \$740.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Gerald Forquell Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$370.00	2018P: \$740.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 721 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Gerald Forquell Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$370.00	2018P: \$740.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Gerald Forquell Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$370.00	2018P: \$740.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 722 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Gerald Forquell Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$370.00	2018P: \$740.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Perry Forschino Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veyna & Forschino CPA's Certified Public Accountant	\$25.00	\$150.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Perry Forschino Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veyna & Forschino CPA's Certified Public Accountant	\$25.00	\$150.00	2018P: \$265.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>723</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Perry Forschino Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veyna & Forschino CPA's Certified Public Accountant	\$25.00	\$150.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Forsys, Inc. Fremont, CA 94538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 724 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Curtis Fossum Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Attorney	\$50.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Curtis Fossum Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Attorney	\$100.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Adrienne Foster San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northrop Grumman Technical Publications	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>725</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Kerry Foster West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Smokehouse Pictures Producer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Paula Foster Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$17.50	2018P: \$27.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 726 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2017	Paula Foster Benicia, CA 94510 Memo Reference: IDT107071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	(\$500.00)	\$17.50	2018P: \$27.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/19/2017	Shirley Foster Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Vice President of Mobile Engineering	\$10.00	\$155.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Shirley Foster Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Vice President of Mobile Engineering	\$10.00	\$155.00	2018P: \$290.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 727 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Shirley Foster Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Vice President of Mobile Engineering	\$10.00	\$155.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Shirley Foster Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Vice President of Mobile Engineering	\$10.00	\$155.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 728 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/19/2017	Shirley Foster Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Vice President of Mobile Engineering	\$10.00	\$155.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Shirley Foster Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Vice President of Mobile Engineering	\$10.00	\$155.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Shirley Foster Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Vice President of Mobile Engineering	\$10.00	\$155.00	2018P: \$290.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>729</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Robert Fowler Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Robert Fowler Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>730</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/12/2017	Kevin Fox Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Guide Technologies, LLC Consultant	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Kevin Fox Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Guide Technologies, LLC Consultant	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Kevin Fox Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Guide Technologies, LLC Consultant	\$25.00	\$325.00	2018P: \$375.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>731</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Kevin Fox Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Guide Technologies, LLC Consultant	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Kevin Fox Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Guide Technologies, LLC Consultant	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 732 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kevin Fox Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Guide Technologies, LLC Consultant	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Michael E. Fox Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$29,300.00	2018P: \$29,200.00 2018G: \$100.00
8/29/2017	Michael E. Fox Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$29,200.00	\$29,300.00	2018P: \$29,200.00 2018G: \$100.00
11/15/2017	Steve Fox Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EO Products Chief Financial Officer	\$100.00	\$100.00	2018P: \$100.00

**SUBTOTAL**

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>733</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Monica Foyer San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Francis Tsang for Democratic County Central Committee 2016 San Francisco, CA 94131 Committee ID: 1382040	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/8/2017	Brittani Franco San Bernardino, CA 92410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vons Bakery Manager	\$10.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 734 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/8/2017	Brittani Franco San Bernardino, CA 92410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vons Bakery Manager	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/8/2017	Brittani Franco San Bernardino, CA 92410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vons Bakery Manager	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 735 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2017	Brittani Franco San Bernardino, CA 92410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vons Bakery Manager	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Brittani Franco San Bernardino, CA 92410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vons Bakery Manager	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Brittani Franco San Bernardino, CA 92410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vons Bakery Manager	\$10.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>736</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Stephanie Franco San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SpotOn Events Owner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Jarrad Fraser Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northcoast Waterworks, Inc. Owner	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>737</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Kathleen Fraser San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Kathleen Fraser San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Kathleen Fraser San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 738 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Brian Freckmann San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lyon Street Capital, LLC Manager	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Josephine Freckmann San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Josephine Freckmann Designer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>739</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Phillip Freemon San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phillip Freemon Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Phillip Freemon San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phillip Freemon Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Jane Freij Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Willdan Labor Compliance Manager	\$50.00	\$400.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>740</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Jane Freij Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Willdan Labor Compliance Manager	\$50.00	\$400.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Jane Freij Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Willdan Labor Compliance Manager	\$50.00	\$400.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 741 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jane Freij Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Willdan Labor Compliance Manager	\$50.00	\$400.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Jane Freij Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Willdan Labor Compliance Manager	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Jane Freij Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Willdan Labor Compliance Manager	\$50.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>742</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Tracy Frey Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Business Executive	\$100.00	\$450.00	2018P: \$455.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Morris Friedell Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 743 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	Doree Friedman Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	D.F.P.F. Corporation dba Fine Line Construction Chief Executive Officer	\$6,000.00	\$6,000.00	2018P: \$6,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/5/2017	Robert Friedman Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rainbow Robert Friedman (RF) Consultant	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Robert Friedman Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Global Road Entertainment Co-Chairman/Chief Executive Officer	\$5,000.00	\$5,000.00	2018P: \$15,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>744</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Friends for Proco Joe Moreno Chicago, IL 60622	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
7/19/2017	Dennis Frisman Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Frisman Physician	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Dennis Frisman Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Frisman Physician	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 745 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Dennis Frisman Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Frisman Physician	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Dennis Frisman Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Frisman Physician	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/19/2017	Dennis Frisman Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Frisman Physician	\$25.00	\$300.00	2018P: \$425.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>746</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Dennis Frisman Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Frisman Physician	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Elaine Fritz San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seasons Hospice of Northern California Registered Nurse	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 747 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Elaine Fritz San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seasons Hospice of Northern California Registered Nurse	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Elaine Fritz San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seasons Hospice of Northern California Registered Nurse	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Elaine Fritz San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seasons Hospice of Northern California Registered Nurse	\$50.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>748</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Elaine Fritz San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seasons Hospice of Northern California Registered Nurse	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Elaine Fritz San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seasons Hospice of Northern California Registered Nurse	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 749 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/23/2017	Norman Fritz Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Linda R. Frost Downieville, CA 95936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Linda R. Frost Downieville, CA 95936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$155.00	2018P: \$155.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>750</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Linda R. Frost Downieville, CA 95936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Linda R. Frost Downieville, CA 95936	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 751 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Benjamin Fry San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Optimizely Principal Engineer	\$100.00	\$700.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Benjamin Fry San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Optimizely Principal Engineer	\$100.00	\$700.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Benjamin Fry San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Optimizely Principal Engineer	\$100.00	\$700.00	2018P: \$900.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>752</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Joyce Frye San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>753</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>754</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 755 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 756 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Cheryl Fugate Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$125.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Paul Fuhrman Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miramar Capital Investor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 757 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2017	Dennis Fulfer Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Dennis Fulfer Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Dennis Fulfer Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 758 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Dennis Fulfer Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Bruce Fuller Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Berkeley Professor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 759 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Ahtossa Fullerton Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wasacz Hilley & Fullerton, LLP Attorney	\$500.00	\$500.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Tanya Fulton Rodeo, CA 94572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kindred Healthcare District Director of Human Resources	\$5.00	\$114.00	2018P: \$320.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Elaine Funaro Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 760 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Elaine Funaro Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Gordon Fung San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Medical Center Physician	\$50.00	\$250.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>761</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/2017	Margaret Funkhouser Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Margaret Funkhouser Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Linda J.B. Furr Chico, CA 95926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$200.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>762</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Linda J.B. Furr Chico, CA 95926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$200.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Vincent Fusco Modesto, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 763 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Alison Gabel Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Airlines Pilot	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Ted Gaebler San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Ted Gagliano Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	20th Century Fox President Feature Post Production	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>764</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Brenda Galilee San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brenda Galilee Consultant	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Brenda Galilee San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brenda Galilee Consultant	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 765 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Eileen Gallagher Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Fund Deputy Chief Administrative Officer	\$15.00	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Eileen Gallagher Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Fund Deputy Chief Administrative Officer	\$25.00	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Eileen Gallagher Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Fund Deputy Chief Administrative Officer	\$25.00	\$140.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>766</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Eileen Gallagher Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Fund Deputy Chief Administrative Officer	\$25.00	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Eileen Gallagher Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Fund Deputy Chief Administrative Officer	\$25.00	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>767</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2017	Eileen Gallagher Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Fund Deputy Chief Administrative Officer	\$25.00	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Nora Gallagher San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Registered Nurse	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Nora Gallagher San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Registered Nurse	\$25.00	\$100.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>768</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Melonie Gallegos San Diego, CA 92124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fandom Marketing Marketing	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Maureen Gallen Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>769</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	Sammie Galloway Elk Grove, CA 95757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Prison Industry Authority Sales Representative	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Galvan Properties, LLC Castro Valley, CA 94546	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	2018P: \$750.00
12/21/2017	Lea Gamble Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>770</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	David Gambling San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anesthesia Service Medical Group, Inc. Anesthesiologist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/9/2017	Russ Gangloff San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillow Global Head of Client Care	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Russ Gangloff San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillow Global Head of Client Care	\$25.00	\$300.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 771 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/9/2017	Russ Gangloff San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillow Global Head of Client Care	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Russ Gangloff San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillow Global Head of Client Care	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 772 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Russ Gangloff San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillow Global Head of Client Care	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Russ Gangloff San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillow Global Head of Client Care	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Lori Ganzer Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redseal, Inc. Human Resources Director	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 773 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Lori Ganzer Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redseal, Inc. Human Resources Director	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Lori Ganzer Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redseal, Inc. Human Resources Director	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 774 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2017	Lori Ganzer Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redseal, Inc. Human Resources Director	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Lori Ganzer Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redseal, Inc. Human Resources Director	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Lori Ganzer Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redseal, Inc. Human Resources Director	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 775 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Matteo Garbelotto San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Berkeley Professor	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/6/2017	Barbara Garcia Yosemite, CA 95389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DNC Parks & Resorts at Yosemite Hotel Front Desk Clerk	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 776 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/6/2017	Barbara Garcia Yosemite, CA 95389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DNC Parks & Resorts at Yosemite Hotel Front Desk Clerk	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Barbara Garcia Yosemite, CA 95389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DNC Parks & Resorts at Yosemite Hotel Front Desk Clerk	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Barbara Garcia Yosemite, CA 95389	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DNC Parks & Resorts at Yosemite Hotel Front Desk Clerk	\$25.00	\$250.00	2018P: \$275.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>777</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Frieda Garcia Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berry Appleman and Leiden Attorney	\$500.00	\$500.00	2018P: \$500.00
9/27/2017	Lourdes Garcia Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Colonial South Bay Insurance Insurance Broker	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Tony Garciella Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tony Garciella Musician	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>778</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Chris Gard Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cross Connection Control Program (CCCP) Manager of Operations	\$250.00	\$1,500.00	2018P: \$2,527.77
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Chris Gard Oakland, CA 94619 Memo Reference: IDT89365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cross Connection Control Program (CCCP) Manager of Operations	(\$750.00)	\$1,500.00	2018P: \$2,527.77
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 779 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/8/2017	Samantha Garden Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Diane Gardenhire Clovis, CA 93619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Hilary Garland Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>780</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Brad Garlinghouse Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ripple Chief Executive Officer	\$10,000.00	\$10,000.00	2018P: \$10,100.00
10/21/2017	Brian Garrett San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vanguard Properties Realtor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Vikki Garrod Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Community Foundation Vice President of Marketing & Communications	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 781 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Vikki Garrod Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Community Foundation Vice President of Marketing & Communications	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Vikki Garrod Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Community Foundation Vice President of Marketing & Communications	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Vikki Garrod Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Community Foundation Vice President of Marketing & Communications	\$10.00	\$120.00	2018P: \$310.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>782</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Vikki Garrod Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Community Foundation Vice President of Marketing & Communications	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Vikki Garrod Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Community Foundation Vice President of Marketing & Communications	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 783 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	William Gartner Santa Clara, CA 95054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cisco Systems Engineer	\$10.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	William Gartner Santa Clara, CA 95054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cisco Systems Engineer	\$50.00	\$285.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	William Gartner Santa Clara, CA 95054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cisco Systems Engineer	\$25.00	\$285.00	2018P: \$285.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>784</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	William Gaskill Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	William Gaskill Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$115.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 785 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Adam Gasner Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adam Gasner Attorney	\$250.00	\$750.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Rosemary Gastelo Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$131.36	2018P: \$131.36
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Rosemary Gastelo Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$131.36	2018P: \$131.36
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>786</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Rosemary Gastelo Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$131.36	2018P: \$131.36
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Terry Gatewood Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Tiger Recovery, LLC Social Worker	\$100.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>787</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gaurav Gauba San Jose, CA 95138	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Century Link, Inc. Chief Enterprise Relationship Officer	\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/28/2017	Stephen Gaultney Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$112.50	2018P: \$367.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Robert Geary Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 788 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Ron Geatz Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Nature Conservancy Marketing	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Jennifer Gee Mendham, NJ 07945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gap, Inc. Communications	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Beverly Gelfand Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 789 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Lisa Gelfand San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gelfand Partners Architects Architect	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Ilene Gemeiner Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$30.00	\$160.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 790 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Ilene Gemeiner Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$160.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Ilene Gemeiner Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$30.00	\$160.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/5/2017	Jana Genelly Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fickle Hill Family Daycare Daycare Provider	\$10.00	\$120.00	2018P: \$315.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>791</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/5/2017	Jana Genelly Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fickle Hill Family Daycare Daycare Provider	\$10.00	\$120.00	2018P: \$315.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Jana Genelly Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fickle Hill Family Daycare Daycare Provider	\$10.00	\$120.00	2018P: \$315.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 792 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Jana Genelly Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fickle Hill Family Daycare Daycare Provider	\$10.00	\$120.00	2018P: \$315.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Jana Genelly Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fickle Hill Family Daycare Daycare Provider	\$10.00	\$120.00	2018P: \$315.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Jana Genelly Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fickle Hill Family Daycare Daycare Provider	\$10.00	\$120.00	2018P: \$315.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 793 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Ronnie Genotti San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Servo Marketing & Design Consultant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Kristina Gentleman Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 794 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$1,050.00	2018P: \$1,050.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 795 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/5/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>796</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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9/16/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Lorye George San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$1,050.00	2018P: \$1,050.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 797 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	William Gerardi Minneapolis, MN 55403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Dave Gerdes Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 798 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	David Gershon West Hurley, NY 12491	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Empowerment Institute Chief Executive Officer	\$100.00	\$100.00	2018P: \$850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	David Getz-Eggers San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Getz-Eggers Psychologist	\$100.00	\$150.00	2018P: \$175.00
10/26/2017	David Getz-Eggers San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Getz-Eggers Psychologist	\$50.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 799 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	Marian Gex Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Marian Gex Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Marian Gex Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>800</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Marian Gex Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Charanjit S. Ghai Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rituraj Investments, Inc. President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
11/16/2017	Harsh Ghai Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harsh Ghai Franchising	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>801</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Marc Ghoukassian Irvine, CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bistango Owner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	R. Keith Giarman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Private Equity & Principal Investing Practice Managing Partner	\$500.00	\$500.00	2018P: \$500.00
8/31/2017	Sandra Giberson Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Half Vice President	\$25.00	\$125.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>802</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Sandra Giberson Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Half Vice President	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Sandra Giberson Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Half Vice President	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 803 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2017	Angela Gibson Inglewood, CA 90301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Gibson Chief Executive Officer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Robert Gibson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Follett Higher Manager	\$25.00	\$250.00	2018P: \$730.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Robert Gibson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Follett Higher Manager	\$25.00	\$250.00	2018P: \$730.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>804</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Robert Gibson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Follett Higher Manager	\$25.00	\$250.00	2018P: \$730.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Robert Gibson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Follett Higher Manager	\$25.00	\$250.00	2018P: \$730.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 805 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Robert Gibson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Follett Higher Manager	\$25.00	\$250.00	2018P: \$730.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Robert Gibson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Follett Higher Manager	\$25.00	\$250.00	2018P: \$730.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Franza Giffen Richmond, CA 94801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Giffen Group Attorney	\$200.00	\$200.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>806</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Nancy Gifford Montecito, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Gifford Artist	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Deborah Gilbride Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deborah Gilbride Midwife	\$50.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Deborah Gilbride Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deborah Gilbride Midwife	\$50.00	\$100.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>807</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Baljinder S. Gill Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Roseville Medical Center Physician	\$250.00	\$250.00	2018P: \$250.00
8/30/2017	Carol Gillam Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Gillam Law Firm Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Andrea Gillespie San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>808</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Andrea Gillespie San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Erin Gillett Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 809 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Erin Gillett Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Erin Gillett Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Laulette Ginn Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$1,325.00	2018P: \$1,350.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>810</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Laulette Ginn Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$1,325.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Laulette Ginn Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$1,325.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 811 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Laulette Ginn Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$1,325.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Laulette Ginn Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,325.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Corey Ginsburg Denver, CO 80239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corey Ginsburg Manufacturer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>812</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$25.00	\$1,075.00	2018P: \$1,175.00
7/29/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$100.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$25.00	\$1,075.00	2018P: \$1,175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>813</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$25.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$25.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>814</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$100.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$100.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$25.00	\$1,075.00	2018P: \$1,175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>815</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$25.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$100.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 816 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$25.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$100.00	\$1,075.00	2018P: \$1,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Giles Giovinazzi Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caltrans Attorney	\$100.00	\$1,075.00	2018P: \$1,175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>817</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Amy Girgis San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple Financial Analyst	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Melissa Girty Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 818 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Mimi Gitlin West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mimi Gitlin Film Executive	\$50.00	\$1,062.50	2018P: \$1,062.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Mark Gleason Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teamsters Local 665 Trade Union Representative	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Mark Gleason Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teamsters Local 665 Trade Union Representative	\$50.00	\$100.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 819 of 2602

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NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Paul L. Glenchur Vienna, VA 22181	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Potomac Research Attorney	\$1,000.00	\$1,000.00	2018P: \$2,000.00
7/13/2017	James R. Glidewell Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glidewell Laboratories Chief Executive Officer	\$5,000.00	\$14,910.00	2018P: \$14,910.00
12/15/2017	Global Talents Media Group, Inc. Beverly Hills, CA 90212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
8/17/2017	David Gluss Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Engineer	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>820</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	David Gluss Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Engineer	\$50.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	David Gluss Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Engineer	\$50.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b> Page 821 of 2602
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Stephanie Gnibus San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GMK Communications, Inc. Public Relations	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Thomas Goddard Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobitor iOS Applications Engineer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Thomas Goddard Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobitor iOS Applications Engineer	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 822 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Thomas Goddard Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobitor iOS Applications Engineer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Thomas Goddard Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobitor iOS Applications Engineer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 823 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2017	Thomas Goddard Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobitor iOS Applications Engineer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Thomas Goddard Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobitor iOS Applications Engineer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	William Godwin Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>824</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Allan Goetz Spring Valley, CA 91977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northrop Grumman Physicist	\$27.00	\$129.00	2018P: \$129.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Cindy Goga Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa Community College District Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017	through 12/31/2017	
		Page 825 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Cecilia Gold San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Larson Automation, Inc. Manager	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Cecilia Gold San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Larson Automation, Inc. Manager	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Cecilia Gold San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Larson Automation, Inc. Manager	\$25.00	\$300.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>826</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Cecilia Gold San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Larson Automation, Inc. Manager	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Cecilia Gold San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Larson Automation, Inc. Manager	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 827 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Cecilia Gold San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Larson Automation, Inc. Manager	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Richard Gold Washington, DC 20004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holland & Knight Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	David Goldberg Los Angeles, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Armbruster Goldsmith & Delvac, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 828 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Ken Goldberg Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Berkeley Professor	\$100.00	\$100.00	2018P: \$600.00
11/30/2017	Marshall Goldberg Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lattice Semi Marketing	\$35.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Marshall Goldberg Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lattice Semi Marketing	\$20.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>829</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	James Golden Alameda, CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Richard Goldman Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Goldman Consultant	\$3,300.00	\$10,000.00	2018P: \$29,200.00 2018G: \$3,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 830 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/3/2017	Richard Goldman Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Goldman Consultant	\$6,700.00	\$10,000.00	2018P: \$29,200.00 2018G: \$3,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Robert Goldman San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Facebook, Inc. Product Manager	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	John Goldwyn Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Goldwyn Film/Television Producer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>831</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Ben Golvin San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Equity Community Builders Real Estate Developer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Axel Gomez Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Axel Gomez Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>832</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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11/30/2017	Irving Gomez San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intel Attorney	\$100.00	\$450.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Irving Gomez San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intel Attorney	\$100.00	\$450.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Janette Gomez San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 833 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Laurie Gonzalez Valley Center, CA 92082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rincon Band of Luiseno Indians Councilwoman	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Laurie Gonzalez Valley Center, CA 92082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rincon Band of Luiseno Indians Councilwoman	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 834 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Laurie Gonzalez Valley Center, CA 92082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rincon Band of Luiseno Indians Councilwoman	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Laurie Gonzalez Valley Center, CA 92082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rincon Band of Luiseno Indians Councilwoman	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Laurie Gonzalez Valley Center, CA 92082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rincon Band of Luiseno Indians Councilwoman	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>835</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Luz Gonzalez Whittier, CA 90605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$5.00	\$115.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 836 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$5.00	\$115.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$5.00	\$115.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$25.00	\$115.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 837 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$5.00	\$115.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$5.00	\$115.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>838</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$5.00	\$115.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Jeanne Gooch Hacienda Heights, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bassett Unified School District Accountant	\$25.00	\$115.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Nancy Good Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>839</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Nancy Good Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Nancy Good Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>840</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2017	Nancy Good Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Nancy Good Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Nancy Good Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>841</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Good Times Restaurants, LLC San Jose, CA 95120	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	2018P: \$4,000.00
11/28/2017	Nancy Goodell Pasadena, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Goodell Therapist/Life Coach	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Mary Goodin Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bechtel Corporation Accounting/Administration	\$25.00	\$300.00	2018P: \$800.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>842</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/25/2017	Mary Goodin Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bechtel Corporation Accounting/Administration	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Mary Goodin Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bechtel Corporation Accounting/Administration	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>843</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	Mary Goodin Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bechtel Corporation Accounting/Administration	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Mary Goodin Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bechtel Corporation Accounting/Administration	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Mary Goodin Tracy, CA 95377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bechtel Corporation Accounting/Administration	\$25.00	\$300.00	2018P: \$800.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>844</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Jon Goodman Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Joel Goodrich San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coldwell Banker Realtor	\$1,000.00	\$2,000.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>845</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Joel Goodrich San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coldwell Banker Realtor	\$1,000.00	\$2,000.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Cambria Gordon Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cambria Gordon Author/Activist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Jay Gordon Willits, CA 95490	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 846 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Julie Gorman Denair, CA 95316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$850.00	2018P: \$925.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Julie Gorman Denair, CA 95316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$850.00	2018P: \$925.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 847 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Michele Gossman Dallas, TX 75214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adobe Systems Partner Enablement	\$150.00	\$900.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Susan Gotshall-Maxon San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Thomas Gottlieb Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$108.00	\$108.00	2018P: \$108.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>848</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Winston Gould San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Almaden Valley Unified Church of Christ Minister/Administrator	\$25.00	\$130.00	2018P: \$195.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Catherine Goulet San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Federal Public Defender Investigator	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 849 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Amy Grable Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Grable Winemaker	\$500.00	\$1,750.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Amy Grable Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Grable Winemaker	\$250.00	\$1,750.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Michael Grable Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Grable Winegrower	\$250.00	\$1,500.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>850</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michael Grable Calistoga, CA 94515	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Grable Winegrower	\$250.00	\$1,500.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	William Gradin San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Product Management	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 851 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Peg Grady Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peg Grady Registered Nurse	\$50.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Peg Grady Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peg Grady Registered Nurse	\$50.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	William Grady Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>852</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Timothy A. Graffigna San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sotheby's Real Estate	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Heather Graham Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather Graham Attorney	\$25.00	\$350.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>853</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Heather Graham Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather Graham Attorney	\$25.00	\$350.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Heather Graham Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather Graham Attorney	\$25.00	\$350.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Heather Graham Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather Graham Attorney	\$25.00	\$350.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 854 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Heather Graham Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather Graham Attorney	\$25.00	\$350.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Heather Graham Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather Graham Attorney	\$25.00	\$350.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 855 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/15/2017	Julie Graham Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Julie Graham Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Julie Graham Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>856</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Julie Graham Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Julie Graham Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 857 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/12/2017	Joan Grande Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hose-McCann Communications Corporation Executive	\$100.00	\$1,100.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Joan Grande Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hose-McCann Communications Corporation Executive	\$100.00	\$1,100.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Joan Grande Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hose-McCann Communications Corporation Executive	\$100.00	\$1,100.00	2018P: \$1,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>858</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Joan Grande Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hose-McCann Communications Corporation Executive	\$100.00	\$1,100.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Joan Grande Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hose-McCann Communications Corporation Executive	\$100.00	\$1,100.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 859 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Joan Grande Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hose-McCann Communications Corporation Executive	\$100.00	\$1,100.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Shari Grande Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grande Parenting Solutions El Camino Hospital Clinical Social Worker	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/19/2017	Tom Graves Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Jose Assistant City Clerk	\$5.00	\$150.00	2018P: \$390.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>860</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Tom Graves Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Jose Assistant City Clerk	\$5.00	\$150.00	2018P: \$390.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/19/2017	Tom Graves Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Jose Assistant City Clerk	\$5.00	\$150.00	2018P: \$390.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>861</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Tom Graves Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Jose Assistant City Clerk	\$5.00	\$150.00	2018P: \$390.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Sam Grayeli Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sam Grayeli Commercial Real Estate	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/2/2017	Andrea Green Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fox Television Executive	\$15.00	\$105.00	2018P: \$180.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>862</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Jude Green Thousand Oaks, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Laurie Green San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laurie Green Physician	\$250.00	\$250.00	2018P: \$250.00
10/16/2017	Mark R. Green Union City, CA 94587	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark R. Green Consultant	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 863 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Green Business Management Services, LLC Las Vegas, NV 89101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$3,500.00
8/31/2017	Alvin Greenberg San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alvin Greenberg Toxicologist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Nate Greenwald West Hollywood, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Arts Agency Business Affairs Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 864 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	Jason Gregory El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Naughty Dog, Inc. Software Engineer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Pamela Gressier Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orange Coast College Writer	\$25.00	\$175.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Carrie Gretsch San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 865 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Susan Grieger San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Susan Grieger San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 866 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Susan Grieger San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Susan Grieger San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Susan Grieger San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>867</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Karla Griffin Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Symantec Client Executive	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	John E. Griffin, Jr. Modesto, CA 95354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oral & Facial Surgery Center Oral Surgeon	\$500.00	\$500.00	2018P: \$500.00
8/31/2017	Joe Griffith Studio City, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Griffith Writer	\$50.00	\$160.00	2018P: \$760.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>868</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Joe Griffith Studio City, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Griffith Writer	\$10.00	\$160.00	2018P: \$760.00
12/31/2017	Joe Griffith Studio City, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Griffith Writer	\$50.00	\$160.00	2018P: \$760.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Josh Griffith Studio City, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Josh Griffith Writer	\$100.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>869</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Phoebe Grigg San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Howard Hughes Medical Institute Administrative Coordinator	\$25.00	\$260.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Dawn Grob La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$200.00	2018P: \$200.00
8/14/2017	Dawn Grob La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>870</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Amy Gross Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Gross Writer	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Amy Gross Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Gross Writer	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>871</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Group I San Francisco, CA 94111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
10/30/2017	Paul Grunau West Hills, CA 91304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul Grunau Engineer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Paul Grunau West Hills, CA 91304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul Grunau Engineer	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 872 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Paul Grunau West Hills, CA 91304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul Grunau Engineer	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Alphonso Guest San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Alphonso Guest San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 873 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Alphonso Guest San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Alphonso Guest San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>874</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Richard Guggenhime San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Perkins Coie, LLP Senior Counsel	\$10,000.00	\$15,000.00	2018P: \$25,500.00
10/9/2017	William Guidero Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Guidero Custom Homes Designer	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Chet Gujol Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>875</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Chet Gujol Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Chet Gujol Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Chet Gujol Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>876</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Chris Gularte Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno County District Attorney	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Chris Gularte Fresno, CA 93720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno County District Attorney	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 877 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/12/2017	Nancy Gump Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Gump Psychotherapist	\$10.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Nancy Gump Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Gump Psychotherapist	\$10.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Nancy Gump Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Gump Psychotherapist	\$10.00	\$120.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>878</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Nancy Gump Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Gump Psychotherapist	\$10.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Nancy Gump Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Gump Psychotherapist	\$10.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 879 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Nancy Gump Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Gump Psychotherapist	\$10.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Agnes Gund New York, NY 10021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Diane Gunther Long Beach, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 880 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Jeffrey Gural New York, NY 10024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Newmark Family Properties Real Estate	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/27/2017	Chrysanthé Gussis San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SolarCity Attorney	\$250.00	\$250.00	2018P: \$850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Alan Guy San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anvil Builders Contractor	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 881 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	James Haas San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$1,250.00	2018P: \$1,950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Nancy Habig Jasper, IN 47546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Deirdre Hade Arntz Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RHRM Wellness Technology Owner	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 882 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Chris Haegglund San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAR Architects Architect	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Chris Haegglund San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAR Architects Architect	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 883 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Chris Haegglund San Francisco, CA 94111 Memo Reference: IDT108878	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAR Architects Architect	(\$1,000.00)	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Jan Haft Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Timothy Haines Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Water Contractors Deputy General Manager	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>884</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Karl Halbach Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Cecelia L. Hale Gardena, CA 90249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/28/2017	Crystal Hale Gardena, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	G&C Equipment Corporation Business Development	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>885</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	David Hale San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ValueAct Capital Partner	\$3,000.00	\$3,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Eugene Hale Gardena, CA 90249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	G&C Equipment Corporation President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/8/2017	Marty Halfon Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>886</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Taner Halicioglu San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Diego Lecturer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Eric Hall Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roadhouse Winery Owner	\$50.00	\$600.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 887 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Eric Hall Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roadhouse Winery Owner	\$50.00	\$600.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Eric Hall Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roadhouse Winery Owner	\$50.00	\$600.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Eric Hall Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roadhouse Winery Owner	\$50.00	\$600.00	2018P: \$1,550.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>888</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Eric Hall Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roadhouse Winery Owner	\$50.00	\$600.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Eric Hall Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roadhouse Winery Owner	\$50.00	\$600.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>889</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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7/27/2017	Jodi Hall San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cloudera Marketing	\$50.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Jodi Hall San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cloudera Marketing	\$50.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Alexander Haller Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sira Truck Holdings, LLP Finance	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>890</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Jeremiah F. Hallisey San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hallisey & Johnson Attorney	\$900.00	\$8,000.00	2018P: \$8,000.00
9/28/2017	Jeremiah F. Hallisey San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hallisey & Johnson Attorney	\$5,000.00	\$8,000.00	2018P: \$8,000.00
11/29/2017	Scott Halloran Glendale, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 891 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lisa Hallowell Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Richard Ham Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Casa Resorts Hospitality	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Michelle Hamilton Brea, CA 92821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairview Developmental Center Human Resources Director	\$25.00	\$145.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 892 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Michelle Hamilton Brea, CA 92821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairview Developmental Center Human Resources Director	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Michelle Hamilton Brea, CA 92821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairview Developmental Center Human Resources Director	\$20.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>893</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Michelle Hamilton Brea, CA 92821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairview Developmental Center Human Resources Director	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Virginia Hamilton Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Department of Labor Administrator	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Benjamin Hammett Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,350.00	2018P: \$2,600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 894 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	David Hamsher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul Hastings, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Chelsea Handler Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Netflix Television Host	\$1,500.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 895 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Chelsea Handler Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Netflix Television Host	\$500.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Judith Hansen Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$105.00	2018P: \$197.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/8/2017	Sam Hansen Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mosaic Media Group Head of Television Department	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 896 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Wade Hansen Carpinteria, CA 93013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sotheby's Real Estate Broker	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Susan Hanson Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>897</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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9/15/2017	Susan Hanson Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Susan Hanson Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/2/2017	Michael Haran Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Beach Properties Real Estate Broker	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 898 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Hard Candy Licensing, LLC Hollywood, FL 33024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	2018P: \$25,000.00
10/13/2017	Sarah Harden Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hello Sunshine Chief Executive Officer	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Jacob Harman El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Sports Domination Student/Journalist	\$10.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>899</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Jacob Harman El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Sports Domination Student/Journalist	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Jacob Harman El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Sports Domination Student/Journalist	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 900 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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10/10/2017	Jacob Harman El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Sports Domination Student/Journalist	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Jacob Harman El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Sports Domination Student/Journalist	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Jacob Harman El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego Sports Domination Student/Journalist	\$10.00	\$120.00	2018P: \$120.00
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 901 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Alyssa Harper San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Greg Harper San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supercell General Manager	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>902</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	Susan J. Harriman Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keker, Van Nest Peters Attorney	\$4,000.00	\$4,000.00	2018P: \$4,000.00
7/17/2017	Carroll Harrington Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Carroll Harrington Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 903 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2017	Carroll Harrington Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Carroll Harrington Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Carroll Harrington Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$380.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>904</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Carroll Harrington Capitola, CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$380.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Carter Harrington Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Voit Real Estate Broker	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 905 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2017	Arno Harris San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arno Harris Investor/ Advisor	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/3/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 906 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/3/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>907</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>908</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 909 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Christopher Harris Sacramento, CA 95833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Management Auditor	\$35.00	\$840.00	2018P: \$1,110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>910</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Doyle Harris Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Jan Harris Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 911 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Jan Harris Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Jan Harris Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Jan Harris Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>912</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	John Harris Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Griffith Harsh San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Griffith Harsh Investor	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 913 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/15/2017	Alison Hart El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Special Education Teacher	\$10.00	\$140.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Alison Hart El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Special Education Teacher	\$10.00	\$140.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Caryl Hart Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Sonoma Park Director	\$250.00	\$1,500.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>914</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Caryl Hart Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Sonoma Park Director	\$500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Caryl Hart Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Sonoma Park Director	\$250.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>915</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2017	Pam Hart Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Marina Finance Assistant	\$100.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Pam Hart Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Marina Finance Assistant	\$100.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Randy Hartgrove El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Xilinx Technical Writer	\$100.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 916 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Craig W. Hartman San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Skidmore, Owings & Merrill LLP Senior Consulting Design Partner	\$250.00	\$250.00	2018P: \$750.00
8/30/2017	Valerie Hartwell San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Harvest Realty Advisors, Inc. Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 917 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2017	Jonathan Harwitz Silver Spring, MD 20910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Low Income Investment Fund Managing Director	\$125.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Naomi Hasak Los Angeles, CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Naomi Hasak Clothing Designer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Judith Hastings Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kibo Software Product Manager	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>918</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Pamela Hathaway Playa Del Rey, CA 90293	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dell Services Computer Systems Interface Analyst	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Samer Hathout Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County Attorney	\$150.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 919 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2017	Isabelle Hau Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Omidyar Network Impact Investing	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Andrew Hauptman Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andell, Inc. Chairman	\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
10/9/2017	Andrew Hauptman Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andell, Inc. Chairman	\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
10/11/2017	Wolfgang Hausen Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hartnell College Athletic Trainer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>920</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Katy Haute Houston, TX 77056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vignoble, LLC Owner	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Katy Haute Houston, TX 77056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vignoble, LLC Owner	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 921 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Brenda Hayden Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Montessori House of Children Educator	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Brenda Hayden Grass Valley, CA 95945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Montessori House of Children Educator	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Ken Hayes Portland, OR 97225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ken Hayes Investor	\$100.00	\$230.00	2018P: \$330.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>922</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Ken Hayes Portland, OR 97225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ken Hayes Investor	\$30.00	\$230.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Tom Hayes Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paramount Pictures, Inc. Head of New Media	\$1,000.00	\$1,500.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 923 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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9/25/2017	Jamarah Hayner Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JKH Consulting Consultant	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Bobbie Head San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Cancer Center Physician	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Bobbie Head San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin Cancer Center Physician	\$100.00	\$200.00	2018P: \$200.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
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		Page <u>924</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Miguel Healy Yuba City, CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harrison Drywall Hod Carrier	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Miguel Healy Yuba City, CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harrison Drywall Hod Carrier	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 925 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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9/30/2017	Miguel Healy Yuba City, CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harrison Drywall Hod Carrier	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Miguel Healy Yuba City, CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harrison Drywall Hod Carrier	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Miguel Healy Yuba City, CA 95993	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harrison Drywall Hod Carrier	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>926</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Arden Hearing San Ramon, Ca 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trumark Urban Property Developer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Heather Hearne Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather Hearne Screenwriter	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>927</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>928</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>929</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>930</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Walter Heath Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Kay Heaton San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Heaton Teacher	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 931 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	Kay Heaton San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Heaton Teacher	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Kay Heaton San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Heaton Teacher	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Kay Heaton San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Heaton Teacher	\$25.00	\$300.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>932</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Kay Heaton San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Heaton Teacher	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Kay Heaton San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Heaton Teacher	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 933 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Alexander P. Heckler Miami Beach, FL 33140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LSN Partners Managing Partner	\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/30/2017	Christine Hedemark Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$400.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Christine Hedemark Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$400.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 934 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Fran Hegelr San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SWA Group Marketing/Communications	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Mark Heising Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medley Partners Management, LLC Managing Director	\$21,163.28	\$55,900.00	2018P: \$29,200.00 2018G: \$29,200.00
11/8/2017	Mark Heising Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medley Partners Management, LLC Managing Director	\$29,200.00	\$55,900.00	2018P: \$29,200.00 2018G: \$29,200.00
11/19/2017	Jacob Helberg San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Policy Advisor	\$200.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>935</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Lucas Heldfond San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Swia Company Owner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Nicholas Heldfond Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kinetic Capital Partner	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>936</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Scott R. Heldfond San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aon Insurance	\$500.00	\$500.00	2018P: \$500.00
12/1/2017	Paul Helfrich Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Caldecott Properties Real Estate	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Esther Heller Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Esther Heller Parliamentarian	\$25.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 937 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Esther Heller Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Esther Heller Parliamentarian	\$25.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Esther Heller Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Esther Heller Parliamentarian	\$50.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Esther Heller Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Esther Heller Parliamentarian	\$25.00	\$245.00	2018P: \$245.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
		Page 938 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Esther Heller Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Esther Heller Parliamentarian	\$20.00	\$245.00	2018P: \$245.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Susan Heller Tustin, CA 92782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Univeristy of California, Irvine Physician	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 939 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/12/2017	Michael Helm Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Children's Hospital-Oakland Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Michael Helm Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Children's Hospital-Oakland Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Michael Helm Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Children's Hospital-Oakland Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>940</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Michael Helm Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Children's Hospital-Oakland Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Michael Helm Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Children's Hospital-Oakland Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 941 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Helm Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Children's Hospital-Oakland Registered Nurse	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Carol Helzberg San Geronimo, CA 94963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westmore Properties, LLC Property Developer	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Veronica Henderson El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superior Court Imperial County Attorney	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 942 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Veronica Henderson El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superior Court Imperial County Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Veronica Henderson El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superior Court Imperial County Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 943 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Veronica Henderson El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superior Court Imperial County Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Veronica Henderson El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superior Court Imperial County Attorney	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Veronica Henderson El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superior Court Imperial County Attorney	\$25.00	\$275.00	2018P: \$275.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 944 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Sharon Hendricks Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gunderson Dettmer, LLP Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Shyla Hendrickson Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shyla Hendrickson Attorney	\$3,000.00	\$3,000.00	2018P: \$3,000.00
7/15/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>945</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 946 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 947 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 948 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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11/15/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 949 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Joel Henner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Jesse Henry San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbary Coast Executive Director	\$1,000.00	\$7,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 950 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/16/2017	Lisa Henry Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Lisa Henry Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Lisa Henry Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,400.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>951</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Lisa Henry Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Lisa Henry Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 952 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Lisa Henry Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Shane Hensinger Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bank Jacob Safra Political Risk Analyst	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Stephen Herman San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>953</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Stephen Herman San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/23/2017	Kurt David Hermansen San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Kurt David Hermansen Attorney	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 954 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/23/2017	Kurt David Hermansen San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Kurt David Hermansen Attorney	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Kurt David Hermansen San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Kurt David Hermansen Attorney	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Brandon Hernandez San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Gas & Electric (PG&E) Senior Director	\$1,500.00	\$1,500.00	2018P: \$5,500.00

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 955 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Lorena Hernandez San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Comcast California Director, Community Investment	\$500.00	\$500.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Mimi Hernandez San Jose, CA 95116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hispanic Chamber of Commerce Silicon Valley Education Director	\$25.00	\$225.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Mimi Hernandez San Jose, CA 95116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hispanic Chamber of Commerce Silicon Valley Education Director	\$25.00	\$225.00	2018P: \$675.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>956</u> of <u>2602</u>
I.D. Number 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Mimi Hernandez San Jose, CA 95116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hispanic Chamber of Commerce Silicon Valley Education Director	\$25.00	\$225.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Sol Hernandez San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sol Food Owner/Chef	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 957 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Jill Hersh San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hersh Family Law Practice P.C. Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/6/2017	Ed Herson Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Laurie Herson Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	URS Corporation Consultant	\$50.00	\$280.00	2018P: \$330.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 958 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Laurie Herson Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	URS Corporation Consultant	\$30.00	\$280.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Laurie Herson Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	URS Corporation Consultant	\$15.00	\$280.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 959 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Laurie Herson Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	URS Corporation Consultant	\$35.00	\$280.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Barbara Herz Moose, WY 83012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Leah Herzberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$115.00	2018P: \$185.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 960 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Leah Herzberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Leah Herzberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$115.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 961 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Leah Herzberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Leah Herzberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Leah Herzberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$185.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>962</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Leah Herzberg Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$115.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Sandra Hess San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sandra Hess Broker	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>963</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2017	Theresa Hessler Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Camino Hospital Registered Nurse	\$100.00	\$175.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Theresa Hessler Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Camino Hospital Registered Nurse	\$25.00	\$175.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Theresa Hessler Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Camino Hospital Registered Nurse	\$25.00	\$175.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 964 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Scott Hidingier Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beehive Branding & Research Creative Director	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Andrea Higgins San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrea Higgins Artist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 965 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Jerome Hill San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ygrene Energy Fund Software Engineer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Lisa Hilquist San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cisco Systems Data Scientist	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Mark Hinte Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Manager	\$50.00	\$600.00	2018P: \$675.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 966 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Mark Hinte Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Manager	\$50.00	\$600.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Mark Hinte Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Manager	\$50.00	\$600.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 967 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Mark Hinte Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Manager	\$50.00	\$600.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Mark Hinte Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Manager	\$50.00	\$600.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Mark Hinte Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Manager	\$50.00	\$600.00	2018P: \$675.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 968 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Sherry M. Hirota Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asian Health Services Chief Executive Officer	\$4,000.00	\$4,000.00	2018P: \$4,000.00
12/7/2017	Steven Hirsch San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keker, Van Nest & Peters, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/30/2017	David Hirson Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Hirson & Partners, LLC Attorney	\$100.00	\$2,950.00	2018P: \$3,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 969 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	David Hirson Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Hirson & Partners, LLC Attorney	\$50.00	\$2,950.00	2018P: \$3,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	David Hirson Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Hirson & Partners, LLC Attorney	\$100.00	\$2,950.00	2018P: \$3,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Rebecca Hiss Lucerne, CA 95458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>970</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Rebecca Hiss Lucerne, CA 95458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Rebecca Hiss Lucerne, CA 95458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 971 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	HNTB Holdings, LTD Federal PAC Kansas City, MO 64105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
12/4/2017	Ellen Hoberman Tarzan, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Tavio Hobson Los Angeles, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MTT Development Co-Founder	\$500.00	\$500.00	2018P: \$500.00
11/8/2017	James Alex Hodges Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nederlander, Inc. Chief Executive Officer	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>972</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/6/2017	Angela Hoey Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Memorial Hospital Social Worker	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/8/2017	Angela Hoey Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Memorial Hospital Social Worker	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>973</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2017	Angela Hoey Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Memorial Hospital Social Worker	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/8/2017	Angela Hoey Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Memorial Hospital Social Worker	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/8/2017	Angela Hoey Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Memorial Hospital Social Worker	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 974 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Angela Hoey Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Rosa Memorial Hospital Social Worker	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	David Hoffman San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Muir Health Software Manager	\$100.00	\$500.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 975 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Joseph Hoffman Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Joseph Hoffman Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Kendall Hofstetter Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kendall Hofstetter Independant Contractor	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>976</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Kendall Hofstetter Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kendall Hofstetter Independant Contractor	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Kendall Hofstetter Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kendall Hofstetter Independant Contractor	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>977</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Richard Holbrook Pasadena, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Holbrook Designer	\$250.00	\$1,750.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Gwendolyn Holcombe San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Robert Holdenvenzon San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 978 of 2602
I.D. Number 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Robert Holdenvenzon San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Robert Holdenvenzon San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 979 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Robert Holdenvenzon San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Robert Holdenvenzon San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Robert Holdenvenzon San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 980 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Chris Holiday San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Holiday Sales/Marketing	\$25.00	\$175.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Chris Holiday San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Holiday Sales/Marketing	\$25.00	\$175.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 981 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Chris Holiday San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Holiday Sales/Marketing	\$25.00	\$175.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Kevin Holl San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gordon-Creed, Kelley, Holl & Sugerman LLP Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Ellen Holland Berkeley, CA 94704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CNM, LLC Editor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 982 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Frank Holland Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merchants Exchange Productions Executive Vice President	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Holliday Rock Company, Inc. Upland, CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$10,000.00	2018P: \$10,000.00
10/17/2017	David Hollister San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Hollister Teacher	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 983 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Linda Hollister Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alain Pinel Realtors Realtor	\$25.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Linda Hollister Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alain Pinel Realtors Realtor	\$25.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>984</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Rachael Holloway Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thought Frameworks Chief Strategy Officer	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Rachael Holloway Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thought Frameworks Chief Strategy Officer	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Douglas Holmes Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Systems Group Software Developer	\$25.00	\$150.00	2018P: \$205.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 985 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Matthew Holmes Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retail West, Inc. Real Estate Agent	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Nancy Holter Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 986 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Jill Holzgrafe San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay Human Resources	\$25.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Jill Holzgrafe San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay Human Resources	\$25.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Jill Holzgrafe San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay Human Resources	\$25.00	\$125.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>987</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Jill Holzgrafe San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay Human Resources	\$25.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Julieann Honeyman Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JK Honeyman Healthcare Consultant	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 988 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Julieann Honeyman Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JK Honeyman Healthcare Consultant	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Diane Honeysett Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copperfields Retail Sales	\$250.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Scott Honnen Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$175.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 989 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Scott Honnen Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Isabelle Hoogland San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Faraday Future Project Manager	\$50.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 990 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Isabelle Hoogland San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Faraday Future Project Manager	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Joseph Hooper Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Federation of Teachers Benefit Representative	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Joseph Hooper Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Federation of Teachers Benefit Representative	\$50.00	\$600.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 991 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Joseph Hooper Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Federation of Teachers Benefit Representative	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Joseph Hooper Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Federation of Teachers Benefit Representative	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 992 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Joseph Hooper Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Federation of Teachers Benefit Representative	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Joseph Hooper Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Federation of Teachers Benefit Representative	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Ross Hopper Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ross Hopper Certified Public Accountant	\$100.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>993</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Ross Hopper Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ross Hopper Certified Public Accountant	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Eric Horn Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Build Group, Inc. Builder	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 994 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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9/23/2017	Liz Horn San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hays Companies Insurance	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Sherri Horn Alamo, CA 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Duke Group, Inc. Landscape Consultant	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Jason Horwath San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electronic Arts Chief Information Officer	\$50.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>995</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Marjorie Hoskinson Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Community College District Teacher	\$100.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Michael Hostettler Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deloitte Consultant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 996 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockton Insurance Brokers, LLC Executive Vice President/Partner	\$8,000.00	\$26,200.00	2018P: \$26,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockton Insurance Brokers, LLC Executive Vice President/Partner	\$2,000.00	\$26,200.00	2018P: \$26,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockton Insurance Brokers, LLC Executive Vice President/Partner	\$2,000.00	\$26,200.00	2018P: \$26,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>997</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockton Insurance Brokers, LLC Executive Vice President/Partner	\$2,000.00	\$26,200.00	2018P: \$26,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Teena Hostovich La Canada Flintridge, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockton Insurance Brokers, LLC Executive Vice President/Partner	\$12,200.00	\$26,200.00	2018P: \$26,200.00
11/12/2017	Michael Houlihan Forestville, CA 95436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TheBarefootSpirit.com Business Advisor	\$100.00	\$100.00	2018P: \$100.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>998</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Lee House McKinleyville, CA 95519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,400.00	2018P: \$3,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Lee House McKinleyville, CA 95519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,400.00	2018P: \$3,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>999</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Lee House McKinleyville, CA 95519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$1,400.00	2018P: \$3,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Mike House Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	House Properties Real Estate	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Valerie Houts San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1000 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/14/2017	Susannah Howard Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O'Melveny & Myers, LLP Attorney	\$75.00	\$600.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Susannah Howard Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O'Melveny & Myers, LLP Attorney	\$75.00	\$600.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1001</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Sherri Howe San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zephyr Real Estate Realtor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Janet Howes Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Denis Hoyer San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1002 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Denis Hoyer San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Philip Hu Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transpacific Financial Chief Executive Officer/President	\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/27/2017	Shuye Huan Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1003</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Cath Hudnall San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Claudia Hudson Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1004 of 2602

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NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2017	Randolph Hudson Richmond, CA 94805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Government Research Manager	\$19.00	\$114.00	2018P: \$114.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Randolph Hudson Richmond, CA 94805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Government Research Manager	\$19.00	\$114.00	2018P: \$114.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Randolph Hudson Richmond, CA 94805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Government Research Manager	\$19.00	\$114.00	2018P: \$114.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1005</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Randolph Hudson Richmond, CA 94805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Government Research Manager	\$19.00	\$114.00	2018P: \$114.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Randolph Hudson Richmond, CA 94805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Local Government Research Manager	\$19.00	\$114.00	2018P: \$114.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1006 of 2602
		I.D. Number 1375287

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11/30/2017	Gareth Hughes San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NVIDIA Corporation Software Engineer	\$25.00	\$100.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	William Hughes Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$925.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Trevor Humphrey Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turo Director of Customer Support	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1007</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Trevor Humphrey Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turo Director of Customer Support	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Trevor Humphrey Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turo Director of Customer Support	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1008 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Talminder S. Hundal Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Physician	\$500.00	\$500.00	2018P: \$500.00
10/23/2017	Kevin Hunt Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Central Basin Munciple Water District General Manager	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	L. Keith Hunter Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHME, Inc. Billing Clerk	\$50.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1009</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Penny Hunter Santa Rosa, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Penny Hunter Santa Rosa, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Penny Hunter Santa Rosa, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$25.00	\$300.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1010</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Penny Hunter Santa Rosa, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Penny Hunter Santa Rosa, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1011 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Penny Hunter Santa Rosa, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Lynn Hurley Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Construction General Contractor	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Lynn Hurley Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Construction General Contractor	\$10.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1012</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Lynn Hurley Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Construction General Contractor	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Lynn Hurley Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Construction General Contractor	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1013</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lynn Hurley Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Construction General Contractor	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Lynn Hurley Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allen Construction General Contractor	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Mary Jo Hurwitz Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Netflix Producer/Writer	\$250.00	\$12,450.00	2018P: \$12,450.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1014</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Mary Jo Hurwitz Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Netflix Producer/Writer	\$10,000.00	\$12,450.00	2018P: \$12,450.00
11/12/2017	Michelle Hutcherson Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michelle Hutcherson Producer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Stephen Huvane West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$400.00	\$400.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1015</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Judy Hyde Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$10.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1016</u> of <u>2602</u>
		I.D. Number 1375287

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NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/4/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$5.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$10.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$5.00	\$155.00	2018P: \$155.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1017 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$10.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$5.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1018 of 2602
		I.D. Number 1375287

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NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$10.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$5.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$10.00	\$155.00	2018P: \$155.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1019</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$5.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$10.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1020</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2017	Mary Hyde San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NWT Corporation Chemist	\$5.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Icon Blue Infinite Brand Solutions Los Angeles, CA 90036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
7/20/2017	Susie Idzik Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Marks Church Administrator	\$10.00	\$120.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1021</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2017	Susie Idzik Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Marks Church Administrator	\$10.00	\$120.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Susie Idzik Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Marks Church Administrator	\$10.00	\$120.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Susie Idzik Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Marks Church Administrator	\$10.00	\$120.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1022 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Susie Idzik Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Marks Church Administrator	\$10.00	\$120.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Susie Idzik Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Marks Church Administrator	\$10.00	\$120.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1023 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Jeffrey S. Illeck Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jefferey S. Illeck Physician	\$100.00	\$100.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Imhof Tractor Service, Inc. Pleasanton, CA 94566	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
8/18/2017	David Immel Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McGillivray Construction Construction Supervisor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1024</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2017	Minnie Ingersoll San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code for America Chief Operating Officer	\$150.00	\$150.00	2018P: \$150.00
12/26/2017	Charles Inman Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nvidia Corporation Software Engineer	\$100.00	\$100.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Natasha Innocenti San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M Legal Group Partner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1025 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Cathrine Ireland Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cathrine Ireland Investor	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Cathrine Ireland Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cathrine Ireland Investor	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Iron Systems, Inc. Fremont, CA 94539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1026</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/14/2017	Matthew Irwin Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gap, Inc. Attorney	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Leah Isla Dela Cruz El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levi Strauss & Company Designer	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Leah Isla Dela Cruz El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levi Strauss & Company Designer	\$25.00	\$300.00	2018P: \$625.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1027</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Leah Isla Dela Cruz El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levi Strauss & Company Designer	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Leah Isla Dela Cruz El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levi Strauss & Company Designer	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1028 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

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11/29/2017	Leah Isla Dela Cruz El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levi Strauss & Company Designer	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Leah Isla Dela Cruz El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Levi Strauss & Company Designer	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Monica Islahi Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oracle Information Technology Director	\$25.00	\$225.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1029</u> of <u>2602</u>
		I.D. Number 1375287

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Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Monica Islahi Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oracle Information Technology Director	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Monica Islahi Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oracle Information Technology Director	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1030</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Monica Islahi Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oracle Information Technology Director	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Ali Ivmark Belmont, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	J.D. Sales, Inc. dba James A. Deleo & Associates Chicago, IL 60601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1031 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	David Jackson New York, NY 10069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Jonel Jackson Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Jonel Jackson Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1032 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Jonel Jackson Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Jonel Jackson Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1033</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Larry Jackson Redding, CA 96002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Larry Jackson Redding, CA 96002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Larry Jackson Redding, CA 96002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1034</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Scott Jackson Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northbay Medical Center Speech and Language Pathologist	\$20.00	\$240.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Scott Jackson Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northbay Medical Center Speech and Language Pathologist	\$20.00	\$240.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1035 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2017	Scott Jackson Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northbay Medical Center Speech and Language Pathologist	\$20.00	\$240.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Scott Jackson Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northbay Medical Center Speech and Language Pathologist	\$20.00	\$240.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Scott Jackson Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northbay Medical Center Speech and Language Pathologist	\$20.00	\$240.00	2018P: \$260.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1036</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Scott Jackson Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Northbay Medical Center Speech and Language Pathologist	\$20.00	\$240.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Theresa Jackson San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1037</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Irwin Mark Jacobs La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2018P: \$500.00
11/28/2017	Jared Jacobs Aromas, CA 95004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$695.00	2018P: \$725.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Jesse Jacobs Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$7,000.00	\$7,000.00	2018P: \$7,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1038</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Joan Klein Jacobs La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2018P: \$500.00
10/12/2017	Matt Jacobson Walnut, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Facebook, Inc. Marketing	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Gralyn Jacques San Francisco, CA 94134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	South County Community Health Center Controller	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1039 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Gralyn Jacques San Francisco, CA 94134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	South County Community Health Center Controller	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Gralyn Jacques San Francisco, CA 94134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	South County Community Health Center Controller	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Gralyn Jacques San Francisco, CA 94134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	South County Community Health Center Controller	\$25.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1040</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Michelle Jaeger Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Pictures Entertainment Attorney	\$50.00	\$100.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Ali Jahangiri Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EB5 Investors President	\$4,200.00	\$34,200.00	2018P: \$29,200.00 2018G: \$11,700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1041</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Ali Jahangiri Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EB5 Investors President	\$10,000.00	\$34,200.00	2018P: \$29,200.00 2018G: \$11,700.00
11/16/2017	Ashit Jain Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ashit Jain Physician	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/5/2017	Brian James Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chevron Information Technology Professional	\$100.00	\$100.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1042</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Shawn James Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Talend Sales	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Ted Janus San Francisco, CA 94129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Capitol Principal	\$10,000.00	\$10,000.00	2018P: \$20,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Luis Jaramillo Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GitHub Artist	\$10.00	\$120.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1043</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	Luis Jaramillo Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GitHub Artist	\$10.00	\$120.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Luis Jaramillo Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GitHub Artist	\$10.00	\$120.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1044</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2017	Luis Jaramillo Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GitHub Artist	\$10.00	\$120.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Luis Jaramillo Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GitHub Artist	\$10.00	\$120.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Luis Jaramillo Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GitHub Artist	\$10.00	\$120.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1045</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Pradeep Javangula San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adobe Systems Software Engineering Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Jeakhoward, LLC Petaluma, CA 94952	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,500.00	\$9,500.00	2018P: \$9,500.00
11/26/2017	Lorri Jean Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles LGBT Center Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1046</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Bonnie Jeannette Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brion Jeannette Architecture Cheif Financial Officer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Angela Jeffreys Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$305.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1047 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Angela Jeffreys Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Angela Jeffreys Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Angela Jeffreys Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$710.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1048</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Angela Jeffreys Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Angela Jeffreys Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1049 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Angela Jeffreys Redwood City, CA 94065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$710.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Gerald Jeffs Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	APL Logistics Senior Director/Project Management	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Gerald Jeffs Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	APL Logistics Senior Director/Project Management	\$25.00	\$300.00	2018P: \$800.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1050</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Gerald Jeffs Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	APL Logistics Senior Director/Project Management	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Gerald Jeffs Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	APL Logistics Senior Director/Project Management	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1051</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2017	Gerald Jeffs Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	APL Logistics Senior Director/Project Management	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Gerald Jeffs Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	APL Logistics Senior Director/Project Management	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Shirlee Jellin San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$135.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1052</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Shirlee Jellin San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$135.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Kim Jennett San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Infogroup, Inc. Marketing Executive	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1053 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Michael Jennett San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Data Corporation Research Executive	\$250.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Caroline Jeske Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Katrina John Indian Wells, CA 92210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eisenhower Medical Center Emergency Room Physician	\$100.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1054</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Cathy Johnson Rancho Palos Verdes, CA 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Baker International Landscape Architect	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	David G. Johnson Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David G. Johnson Producer/Founder	\$5,000.00	\$10,000.00	2018P: \$25,000.00
9/13/2017	Denise Johnson Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WestEd Director of Information Technology	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1055</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Denise Johnson Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WestEd Director of Information Technology	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Denise Johnson Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WestEd Director of Information Technology	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1056</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2017	Denise Johnson Woodacre, CA 94973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WestEd Director of Information Technology	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Devon Johnson San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Devon Johnson Project Mangement	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Michele D. Johnson Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins Partner	\$5,000.00	\$6,000.00	2018P: \$6,000.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1057 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/2017	Paul Johnson Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Paul Johnson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/24/2017	Paul Johnson Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1058 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Paul Johnson Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Paul Johnson Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1059</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/24/2017	Paul Johnson Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Paul Johnson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Paul Johnson Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1060 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Wayne Johnson Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wayne R. Johnson & Associates President	\$25,000.00	\$25,000.00	2018P: \$25,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Doug Johnston San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doug Johnston Realtor	\$35.00	\$105.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1061 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Roxanne Jolicoeur Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burnham Brown Marketing Manager	\$50.00	\$150.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/5/2017	Ann Jones San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$210.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Ann Jones San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$210.00	2018P: \$215.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1062</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/5/2017	Ann Jones San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$210.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	James Jones Santee, CA 92071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1063 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Janis Jones Loomis, CA 95650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Phil Jones Ladera Ranch, CA 92694	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Infor Sales	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Yvette Jonsson San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$425.00	2018P: \$425.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1064</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Yvette Jonsson San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$425.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Yvette Jonsson San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$425.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1065 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Teri Jory Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Poise Productions Educator Entrepreneur Advocate	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Nicholas Josefowitz San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Area Rapid Transit Director	\$10,000.00	\$11,500.00	2018P: \$11,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Daren Joy Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Daren Joy Designer	\$100.00	\$300.00	2018P: \$900.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1066 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Daren Joy Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Daren Joy Designer	\$100.00	\$300.00	2018P: \$900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	David Judd Santa Rosa, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$800.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1067</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Kim Jung Southampton, NY 11468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Screen Actors Guild Actor	\$1,500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Laura Juran San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Teachers Association Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Roberta Jurash Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christine Hansen, DDS Dentist	\$50.00	\$150.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1068 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Roberta Jurash Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christine Hansen, DDS Dentist	\$100.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Brian Kabateck Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kabateck Brown Kellner, LLP Attorney	\$5,000.00	\$5,000.00	2018P: \$6,000.00
11/12/2017	Linda Kachel Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Katz & Associates Attorney	\$100.00	\$200.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1069 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Stephan Kaden Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not employed	\$50.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Stephan Kaden Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not employed	\$50.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1070</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Stephan Kaden Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not employed	\$50.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Yisroel Kagan Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Kosher Owner	\$25,000.00	\$25,000.00	2018P: \$25,000.00
11/3/2017	Lauren Kahn San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HealthRIGHT 360 Director of Public Affairs	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1071 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Matthew Kahn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gibson Dunn & Crutcher, LLP Attorney	\$1,000.00	\$2,420.23	2018P: \$2,420.23
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$5.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$50.00	\$295.00	2018P: \$295.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1072</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$5.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$5.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1073 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$50.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$5.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$5.00	\$295.00	2018P: \$295.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1074</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$50.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$5.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1075 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Sally Kahn Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Workplaces Administrative Manager	\$50.00	\$295.00	2018P: \$295.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Melita Kahrman San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cisco Program Manager	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Allen Kaisler-Meza San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1076</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Kirk Kaludis San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barclays Banker	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Christ Kamages Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CJK Design Architect	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1077</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Christ Kamages Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CJK Design Architect	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/9/2017	Pam Kamps Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kamps, Inc. Office Manager	\$10.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Pam Kamps Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kamps, Inc. Office Manager	\$10.00	\$135.00	2018P: \$185.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1078</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/9/2017	Pam Kamps Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kamps, Inc. Office Manager	\$10.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Pam Kamps Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kamps, Inc. Office Manager	\$10.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1079 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Pam Kamps Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kamps, Inc. Office Manager	\$10.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Pam Kamps Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kamps, Inc. Office Manager	\$10.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Eugene Kapaloski Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10,000.00	\$10,000.00	2018P: \$10,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1080</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Priscilla Kapel Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Priscilla Kapel Vibrational Healer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Donna Kaplan Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Donna Kaplan Investor	\$50.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/19/2017	JoAnn Kaplan Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1081</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	A. Jahjeet S. Kapoor Milpitas, CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kapoor Entertainment Chief Executive Officer	\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/7/2017	Lori Kapwell Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Lori Kapwell Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1082 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2017	Daniel Karner Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Cecelia Karz Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Kevin Kaseff Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Titan Real Estate Investment, Inc. Real Estate Investor	\$2,000.00	\$2,000.00	2018P: \$3,350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1083</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Jenifer Katz Los Angeles, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Jerry Katz Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glaser Weil Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/30/2017	Mel Katz Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manpower Executive	\$2,000.00	\$4,000.00	2018P: \$8,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1084 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Eric Kaufman Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockton Insurance Senior Vice President	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Jennifer Kavanagh Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Midpeninsula Regional Open Space District (MROSD) Administrative Accounting Assistant	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>1085</u> of <u>2602</u>		I.D. Number 1375287

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NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	George Nobuo Kawamoto Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stebner & Associates Attorney	\$250.00	\$250.00	2018P: \$250.00
10/12/2017	Deborah Kay San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Donald Kay San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peninsula Dermatology Associates Physician	\$100.00	\$1,350.00	2018P: \$2,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1086 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Donald Kay San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peninsula Dermatology Associates Physician	\$250.00	\$1,350.00	2018P: \$2,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Donald Kay San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peninsula Dermatology Associates Physician	\$1,000.00	\$1,350.00	2018P: \$2,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Sabrina Kay Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont College Chancellor/Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1087</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Dale Kaye Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Innovation Tri-Valley Leadership Group Chief Executive Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/14/2017	Howard Kaye Purchase, NY 10577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HUB International Northeast Insurance Executive	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/30/2017	Alison Kaylor Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$64.00	\$114.00	2018P: \$114.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1088 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Christopher C. Kearney Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keker, Van Nest & Peters, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/12/2017	William Kearns Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Technical Writer	\$100.00	\$400.00	2018P: \$621.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	William Kearns Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Technical Writer	\$100.00	\$400.00	2018P: \$621.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1089</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Hovannes Kechian Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Los Angeles GAIN Services Worker	\$100.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Hovannes Kechian Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Los Angeles GAIN Services Worker	\$100.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1090 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Hovannes Kechian Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Los Angeles GAIN Services Worker	\$100.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Bruce Keegan San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	William Keeler Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NorthBay Healthcare Crisis Social Worker	\$50.00	\$600.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1091</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	William Keeler Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NorthBay Healthcare Crisis Social Worker	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	William Keeler Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NorthBay Healthcare Crisis Social Worker	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1092</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2017	William Keeler Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NorthBay Healthcare Crisis Social Worker	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	William Keeler Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NorthBay Healthcare Crisis Social Worker	\$50.00	\$600.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	William Keeler Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NorthBay Healthcare Crisis Social Worker	\$50.00	\$600.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1093</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Jeannie Kegley Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Jeannie Kegley Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1094</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Jeannie Kegley Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Jeannie Kegley Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$135.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Jeannie Kegley Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$135.00	2018P: \$185.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1095</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/2/2017	Gail Keikoan San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Christina D. Keker San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keker, Van Nest & Peters, LLP/ Christina D. Keker Attorney	\$5,000.00	\$5,000.00	2018P: \$5,000.00
8/31/2017	Mark Kelleher San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco State University University Administrator	\$250.00	\$500.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1096 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Michael Kelleher Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Kelleher Litigation Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Mary Keller Ben Limond, CA 95005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1097 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2017	Mary Keller Ben Limond, CA 95005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Mary Keller Ben Limond, CA 95005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Dennis Kelly San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$200.00	2018P: \$450.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1098</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Kim Kelly Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$230.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Kim Kelly Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$230.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1099</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Matt Kelly San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Point Advisors Investment Banker	\$1,000.00	\$15,000.00	2018P: \$15,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Matt Kelly San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Point Advisors Investment Banker	\$1,000.00	\$15,000.00	2018P: \$15,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Matt Kelly San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Point Advisors Investment Banker	\$1,000.00	\$15,000.00	2018P: \$15,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1100</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Paige Kelly Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin General Hospital (MGH) Healthcare	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Paige Kelly Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marin General Hospital (MGH) Healthcare	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1101 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Regis Kelly San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California QB3 Director	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Dan Kelmenson San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Susan Kelsey Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1102</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Joyce Kennedy South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$20.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Joyce Kennedy South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1103</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Louanne Kennedy Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired Professor	\$100.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Louanne Kennedy Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired Professor	\$200.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Louanne Kennedy Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired Professor	\$200.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1104</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Todd Kennedy Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	John Kenny Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Kenny Writer	\$25.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1105 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Jordan Kerner Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kerner Entertainment Producer	\$500.00	\$1,500.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Julie Kerr San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Julie Kerr San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1106</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Julie Kerr San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Nancy Kerr-Schiffrin Sonora, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adventist Health Nurse Practitioner	\$35.00	\$185.00	2018P: \$335.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1107</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Matthew Kesler Apo, AP 96326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Air Force (USAF) Physician	\$100.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Denise Kessinger Cardiff, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Costco Pharmacist	\$10.00	\$130.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Denise Kessinger Cardiff, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Costco Pharmacist	\$10.00	\$130.00	2018P: \$160.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1108</u> of <u>2602</u>
		I.D. Number 1375287

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NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Denise Kessinger Cardiff, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Costco Pharmacist	\$10.00	\$130.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Denise Kessinger Cardiff, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Costco Pharmacist	\$10.00	\$130.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1109 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Denise Kessinger Cardiff, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Costco Pharmacist	\$10.00	\$130.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Denise Kessinger Cardiff, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Costco Pharmacist	\$10.00	\$130.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Nancy Kessler Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1110</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Gregory Kevin Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amazon Security Manager	\$200.00	\$400.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Gregory Kevin Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amazon Security Manager	\$200.00	\$400.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1111</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Carol Keys Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keys Creative Group Creative Director	\$100.00	\$485.00	2018P: \$955.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Carol Keys Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keys Creative Group Creative Director	\$35.00	\$485.00	2018P: \$955.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Carol Keys Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keys Creative Group Creative Director	\$50.00	\$485.00	2018P: \$955.00
<b>SUBTOTAL</b>						

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IND - Individual  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1112</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Carol Keys Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keys Creative Group Creative Director	\$25.00	\$485.00	2018P: \$955.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Carol Keys Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keys Creative Group Creative Director	\$25.00	\$485.00	2018P: \$955.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1113</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Carol Keys Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keys Creative Group Creative Director	\$50.00	\$485.00	2018P: \$955.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Redwing Keyssar San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jewish Family and Children's Services Registered Nurse/Director Palliative Care	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Kashy Khaledi Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ashes & Diamonds Winery Proprietor	\$500.00	\$500.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1114</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Arash Khorsand El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arash Khorsand Dentist	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Manny Khoshbin Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Khoshbin Company, Inc. President	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1115</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2017	Henry Kiang Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metropolitan Bank Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/12/2017	George Kieffer Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manatt, Phelps & Phillips, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	M. Matthew Kiely San Mateo, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abbott Vascular Medical Affairs	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1116 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Russell Kilday-Hicks Berkeley, CA 94702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco State University Information Technology Consultant	\$50.00	\$150.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Russell Kilday-Hicks Berkeley, CA 94702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco State University Information Technology Consultant	\$50.00	\$150.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Elizabeth Kimble San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1117</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Kay Kimpton San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Kimpton Interior Design	\$700.00	\$10,000.00	2018P: \$29,200.00 2018G: \$9,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Kay Kimpton San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Kimpton Interior Design	\$4,300.00	\$10,000.00	2018P: \$29,200.00 2018G: \$9,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1118</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	Kay Kimpton San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kay Kimpton Interior Design	\$5,000.00	\$10,000.00	2018P: \$29,200.00 2018G: \$9,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Betty Kinble San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Randy Kinder Stamford, CT 06902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Randy Kinder Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1119</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Cathy King Los Angeles, CA 90014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cathy King Philanthropist	\$200.00	\$1,600.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Cathy King Los Angeles, CA 90014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cathy King Philanthropist	\$1,000.00	\$1,600.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1120 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Cheryl King Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cheryl King Educational Consultant	\$25.00	\$255.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Cheryl King Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cheryl King Educational Consultant	\$30.00	\$255.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Cheryl King Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cheryl King Educational Consultant	\$50.00	\$255.00	2018P: \$305.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1121</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Cheryl King Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cheryl King Educational Consultant	\$25.00	\$255.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Jena King Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10,000.00	\$20,000.00	2018P: \$20,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1122</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Dan Kinne San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Entertainment Credit Union Director	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Dan Kinne San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Entertainment Credit Union Director	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Dan Kinne San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Entertainment Credit Union Director	\$50.00	\$400.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1123 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Dan Kinne San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Entertainment Credit Union Director	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Dan Kinne San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Entertainment Credit Union Director	\$50.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1124</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Dan Kinne San Gabriel, CA 91775	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Entertainment Credit Union Director	\$100.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Richard Kirby San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Richard Kirby San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1125 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Richard Kirby San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Richard Kirby San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1126 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Paula Kislak Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KM Veterinary Services Partner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/16/2017	William Kissinger Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morgan Lewis Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Georgiann Kite Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

**\*Contributor Codes**

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OTH - Other

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1127 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Georgiann Kite Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Georgiann Kite Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Michael Kives New York, NY 10107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Artist Agency Talent Agent	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1128</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Kenneth Kizer Rocklin, CA 95677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Davis Physician	\$100.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Kenneth Kizer Rocklin, CA 95677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Davis Physician	\$100.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1129</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Kenneth Kizer Rocklin, CA 95677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Davis Physician	\$1,000.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Wendy KleeB Irvine, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Wendy KleeB Irvine, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1130 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Michael Klein Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bio365, LLC Chief Executive Officer	\$25,000.00	\$25,000.00	2018P: \$25,000.00
7/16/2017	Gilbert Kliman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Psychological Health Center Psychiatrist	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Gilbert Kliman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Psychological Health Center Psychiatrist	\$25.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1131 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Gilbert Kliman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Psychological Health Center Psychiatrist	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Gilbert Kliman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Psychological Health Center Psychiatrist	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1132 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Gilbert Kliman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Psychological Health Center Psychiatrist	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Gilbert Kliman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Psychological Health Center Psychiatrist	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Gilbert Kliman San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Psychological Health Center Psychiatrist	\$25.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1133 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Aleksey Klochkov San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simco-Ion Mechanical Engineer	\$200.00	\$200.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Julie Kloper Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1134</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/13/2017	Julie Kloper Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Julie Kloper Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Julie Kloper Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$365.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1135</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Julie Kloper Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Julie Kloper Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$240.00	2018P: \$365.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1136 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/7/2017	Kathy Kloves Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Double Play Productions Screenwriter	\$5,000.00	\$5,000.00	2018P: \$11,015.00
7/30/2017	Deborah Klug Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Nurse	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Deborah Klug Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Nurse	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1137 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Deborah Klug Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Nurse	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Deborah Klug Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Nurse	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Deborah Klug Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Nurse	\$25.00	\$300.00	2018P: \$625.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1138</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Deborah Klug Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Nurse	\$25.00	\$300.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Frederick Knauss Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1139</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2017	Frederick Knauss Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Knighted Ventures, LLC Los Angeles, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
11/3/2017	Chad Knowles Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Open Drives, LLC Chief Executive Officer	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1140</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2017	Susan Knowles Santa Margarita, CA 93453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$830.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Susan Knowles Santa Margarita, CA 93453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$830.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Bill Knudsen Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MLS Direct Network Sales	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1141</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Bill Knudsen Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MLS Direct Network Sales	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Bill Knudsen Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MLS Direct Network Sales	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1142 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Keith Kneeven Los Angeles, CA 90065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keith & Company Designer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Mitzi Kobashi Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$295.00	2018P: \$790.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Mitzi Kobashi Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$295.00	2018P: \$790.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>1143</u> of <u>2602</u>
I.D. Number 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Mitzi Kobashi Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$295.00	2018P: \$790.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Mitzi Kobashi Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$295.00	2018P: \$790.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1144 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Mitzi Kobashi Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$295.00	2018P: \$790.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Mitzi Kobashi Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$295.00	2018P: \$790.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Mitzi Kobashi Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$295.00	2018P: \$790.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1145</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Jason Koenig San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jason Koenig Investor	\$100.00	\$100.00	2018P: \$100.00
8/19/2017	Carol Kohler Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Carol Kohler Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$145.00	2018P: \$145.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1146</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Carol Kohler Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Carol Kohler Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1147 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Carol Kohler Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Carol Kohler Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$15.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Ray E. Kohler Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Airport Assistance Worldwide Chief Executive Officer	\$50.00	\$175.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1148</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Ray E. Kohler Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Airport Assistance Worldwide Chief Executive Officer	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	Ray E. Kohler Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Airport Assistance Worldwide Chief Executive Officer	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1149 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/24/2017	Ray E. Kohler Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Airport Assistance Worldwide Chief Executive Officer	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jody Kohner Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce Senior Vice President	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	John Kolbisen Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Petite Baleen Swim School Owner	\$100.00	\$225.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1150</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	John Kolbisen Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Petite Baleen Swim School Owner	\$100.00	\$225.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	John Kolbisen Half Moon Bay, CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Petite Baleen Swim School Owner	\$25.00	\$225.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1151 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Henry Koltys Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Government Judge	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Jayaram Komati Milpitas, CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Swagat Manager	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Michael Kong Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAPTI Ventures, LLC Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1152 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Christine Kook Cloverdale, CA 95425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Selje Coaching & Training Coach	\$50.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Christine Kook Cloverdale, CA 95425	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Selje Coaching & Training Coach	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Lori Koon San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lori Koon Hairdresser	\$25.00	\$105.00	2018P: \$115.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1153</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Lori Koon San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lori Koon Hairdresser	\$15.00	\$105.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Lori Koon San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lori Koon Hairdresser	\$5.00	\$105.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1154 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Lori Koon San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lori Koon Hairdresser	\$15.00	\$105.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Lori Koon San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lori Koon Hairdresser	\$15.00	\$105.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Lori Koon San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lori Koon Hairdresser	\$15.00	\$105.00	2018P: \$115.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1155</u> of <u>2602</u>
		I.D. Number 1375287

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NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Lori Koon San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lori Koon Hairdresser	\$15.00	\$105.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Tom Kotschi Las Vegas, NV 89123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$251.04
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1156 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Tom Kotschi Las Vegas, NV 89123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$251.04
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Tom Kotschi Las Vegas, NV 89123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$251.04
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Tom Kotschi Las Vegas, NV 89123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$251.04
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1157</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Tom Kotschi Las Vegas, NV 89123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$251.04
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	DawnMarie Kotsonis Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DawnMarie Kotsonis Consultant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1158</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Robert Kozma San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Kozma Consultant	\$50.00	\$1,100.00	2018P: \$3,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Robert Kozma San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Kozma Consultant	\$50.00	\$1,100.00	2018P: \$3,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Robert Kozma San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Kozma Consultant	\$250.00	\$1,100.00	2018P: \$3,050.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
Page 1159 of 2602		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Robert Kozma San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Kozma Consultant	\$50.00	\$1,100.00	2018P: \$3,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Robert Kozma San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Kozma Consultant	\$50.00	\$1,100.00	2018P: \$3,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1160</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Robert Kozma San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Kozma Consultant	\$50.00	\$1,100.00	2018P: \$3,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Robert Kozma San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Kozma Consultant	\$50.00	\$1,100.00	2018P: \$3,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Heidi Krakovskiy Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$400.00	\$750.00	2018P: \$950.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1161</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Heidi Krakovskiy Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$750.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	MaryBeth Kramer Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intuitive Surgical Senior Manager	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1162</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Ronald Krasnodar Palo Atlo, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kinestral Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Victoria Krassensky Cambria, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Victoria Krassensky Cambria, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$700.00	2018P: \$700.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1163</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Robert Kravis New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pioneer Pictures Producer	\$100.00	\$3,300.00	2018P: \$6,950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/24/2017	Robert Kravis New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pioneer Pictures Producer	\$100.00	\$3,300.00	2018P: \$6,950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1164 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	Robert Kravis New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pioneer Pictures Producer	\$100.00	\$3,300.00	2018P: \$6,950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Robert Kravis New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pioneer Pictures Producer	\$100.00	\$3,300.00	2018P: \$6,950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Robert Kravis New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pioneer Pictures Producer	\$100.00	\$3,300.00	2018P: \$6,950.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1165</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Robert Kravis New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pioneer Pictures Producer	\$100.00	\$3,300.00	2018P: \$6,950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Ellen Kreighbaum Bozeman, MT 59718	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1166</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Carolee Krieger Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Water Impact Network Water Activist	\$500.00	\$1,000.00	2018P: \$1,000.00
10/1/2017	Lisa Krim San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Wendy Krowne Northridge, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Krowne CPAs Office Manager	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1167 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Wendy Krowne Northridge, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Krowne CPAs Office Manager	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Wendy Krowne Northridge, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Krowne CPAs Office Manager	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Christine Kummer-Hardt Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1168 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	David Kuo San Gabriel, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Great Wall Manager	\$2,500.00	\$2,500.00	2018P: \$2,500.00
11/12/2017	Farida Kuraishy Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Century 21 Realtor	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Beth Kurteson New York, NY 10003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winklevoss Capital Chief of Staff	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1169</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Sylvia Kwan Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DLR Group/Kwan Henmi Architect	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Karan Kyzer Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>1170</u> of <u>2602</u> I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2017	Laborers Pacific Southwest Regional Organizing Coalition PAC Small Contributor Committee Sacramento, CA 95814 Committee ID: 1358723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$29,200.00	\$29,200.00	2018P: \$29,200.00
11/30/2017	Carmela G. Lacayo Sunland, CA 91040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Association for Hispanic Elderly President	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Ted Laliotis Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1171 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$25.00	\$115.00	2018P: \$115.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1172</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1173</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1174</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Linda Lam Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alonzo King Lines Ballet Program Manager	\$5.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Peter Lamb Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exelixis Scientist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1175 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2017	Michael Lambert Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$190.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1176</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1177 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$190.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1178</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1179 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Janet Lamborn San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$190.00	2018P: \$190.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1180 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/7/2017	Darrin Lancashire St. Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alpha Omega Winery Facilities Director	\$50.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Darrin Lancashire St. Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alpha Omega Winery Facilities Director	\$50.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1181 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	Greg Land Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Altos School District Principal	\$50.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Kenneth Lande Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kenneth Lande Financial Advisor	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Cheryl Lander San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oracle Senior Director/Project Manager/Information Developer	\$100.00	\$325.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1182</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Cheryl Lander San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oracle Senior Director/Project Manager/Information Developer	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Lacarl Lander Corona, CA 92882	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operating Engineers Certification Program Operating Engineer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1183 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	D. Landeros Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	D. Landeros Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	D. Landeros Redlands, CA 92373	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1184</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	I. Landor Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	I. Landor Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1185</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Cortlin Lannin Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Covington & Burling Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Cortlin Lannin Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Covington & Burling Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Bonnye LaPenotiere-Sirk Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnye LaPenotiere-Sirk Property Manager	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>1186</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Bonnye LaPenotiere-Sirk Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnye LaPenotiere-Sirk Property Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Bonnye LaPenotiere-Sirk Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnye LaPenotiere-Sirk Property Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1187</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Bonnye LaPenotiere-Sirk Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnye LaPenotiere-Sirk Property Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Bonnye LaPenotiere-Sirk Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnye LaPenotiere-Sirk Property Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Bonnye LaPenotiere-Sirk Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnye LaPenotiere-Sirk Property Manager	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1188</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Ronald LaPorte Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Largo Concrete, Inc. Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/12/2017	Mark Larkin Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Columbia Broadcasting System (CBS) Executive	\$25.00	\$300.00	2018P: \$575.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1189 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Mark Larkin Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Columbia Broadcasting System (CBS) Executive	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Mark Larkin Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Columbia Broadcasting System (CBS) Executive	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1190</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Mark Larkin Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Columbia Broadcasting System (CBS) Executive	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Mark Larkin Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Columbia Broadcasting System (CBS) Executive	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Mark Larkin Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Columbia Broadcasting System (CBS) Executive	\$25.00	\$300.00	2018P: \$575.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1191</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Chris Larsen San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ripple Executive Chairman	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Bo Lasater San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mido Co-Founder	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1192 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/16/2017	Jeiran Lashai Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeiran Lashai Acupuncturist	\$15.00	\$180.00	2018P: \$235.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Jeiran Lashai Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeiran Lashai Acupuncturist	\$15.00	\$180.00	2018P: \$235.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Jeiran Lashai Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeiran Lashai Acupuncturist	\$15.00	\$180.00	2018P: \$235.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1193</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Jeiran Lashai Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeiran Lashai Acupuncturist	\$15.00	\$180.00	2018P: \$235.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Jeiran Lashai Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeiran Lashai Acupuncturist	\$15.00	\$180.00	2018P: \$235.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1194 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Jeiran Lashai Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeiran Lashai Acupuncturist	\$15.00	\$180.00	2018P: \$235.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Fred Latsko Chicago, IL 60642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latsko Interests Real Estate Investor	\$5,000.00	\$24,000.00	2018P: \$24,000.00
10/6/2017	Fred Latsko Chicago, IL 60642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latsko Interests Real Estate Investor	\$5,000.00	\$24,000.00	2018P: \$24,000.00
10/10/2017	Fred Latsko Chicago, IL 60642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latsko Interests Real Estate Investor	\$5,000.00	\$24,000.00	2018P: \$24,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1195 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Fred Latsko Chicago, IL 60642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latsko Interests Real Estate Investor	\$9,000.00	\$24,000.00	2018P: \$24,000.00
12/15/2017	Law Office of Kanwal Singh Modesto, CA 95355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/18/2017	Aidan Lawlor Mountain View, CA 94041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. QA Manager	\$100.00	\$100.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Ng Lawrence San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pediatric Medical Associates Physician	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1196 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Sharon Lawrence Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sienna Productions Entertainment	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Kristina Lawson Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hanson Bridgett, LLP Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Kristina Lawson Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hanson Bridgett, LLP Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1197</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Kelly Lazorchak Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kelly Lazorchak Entrepreneur	\$25,000.00	\$25,000.00	2018P: \$25,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Anna Lazzarini Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mill Valley School District School Administrator	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1198 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Chau Le San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hospira Assembler	\$50.00	\$100.00	2018P: \$515.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Susan LeComte Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$650.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Barbara Lee Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1199 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Barbara Lee Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Brian Lee Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAM ventures Venture Capitalist	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Cadir Lee Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OhmConnect Management	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1200</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Collette Lee Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Windermere Tower Broker	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Mira Lee Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1201 of 2602

SEE INSTRUCTIONS ON REVERSE

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12/7/2017	Pius Lee San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Realty & Land, Inc. Real Estate Broker	\$500.00	\$2,500.00	2018P: \$2,500.00
12/21/2017	Troy Lee Clayton, CA 94517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Camp Four Paws, Inc. Dog Trainer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Yee Lee Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Facebook, Inc. Manager	\$1,000.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1202</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Christopher Leech Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Nancy Leeoet La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert H. Peterson Company Controller	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Nancy Leeoet La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert H. Peterson Company Controller	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1203</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Nancy Leeoet La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert H. Peterson Company Controller	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Warren LeGarie San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LeGarie Management, Inc. Sports Management	\$250.00	\$750.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1204</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Charles Legge Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Charles Legge Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Charles Legge Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1205 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Lehigh Hanson, Inc. Irving, TX 75062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
12/1/2017	Kimberly Leikam South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alliant Insurance Services, Inc. Insurance Broker	\$25.00	\$320.00	2018P: \$320.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Kimberly Leikam South San Francisco, CA 94080	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alliant Insurance Services, Inc. Insurance Broker	\$100.00	\$320.00	2018P: \$320.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1206</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Max Leitman Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Survios, Inc. Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Geraldine Lemais Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1207 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Judith Lemke Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamilton Memorial Hospital Family Nurse Practitioner	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Judy Lennon Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Judy Lennon Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1208</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Raul Leon San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$30.00	\$105.00	2018P: \$297.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Raul Leon San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$297.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1209</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	Christine Leon Leland Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christine Leon Leland Writer/Life Coach/Human Resource Manager	\$50.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Christine Leon Leland Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christine Leon Leland Writer/Life Coach/Human Resource Manager	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Christine Leon Leland Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christine Leon Leland Writer/Life Coach/Human Resource Manager	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1210</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Elizabeth Leonard Shingle Springs, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Michelle Lerach La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MCL La Group APC Attorney	\$2,000.00	\$4,500.00	2018P: \$8,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1211 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Michelle Lerach La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MCL La Group APC Attorney	\$2,500.00	\$4,500.00	2018P: \$8,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Allan Lerch San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allan Lerch & Associates Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Timi Leslie Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BluePath Health Consulting	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1212 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Michael E. Lesnick Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AXIOM Healthcare Healthcare Consultant	\$25,000.00	\$25,000.00	2018P: \$25,000.00
8/21/2017	Aliza Lesser Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Philip F. Lesser San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Philip F. Lesser Lobbyist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1213</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Ronald Lesser Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Ronald Lesser Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Ronald Lesser Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$330.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1214 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Ronald Lesser Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Ronald Lesser Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1215 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Ronald Lesser Laguna Woods, CA 92637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Nellie Levchin San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SciFi VC Partner	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Beverly Lever Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$125.00	2018P: \$625.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1216</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Beverly Lever Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Hilary Levine Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno Unified School District Teacher	\$10.00	\$110.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1217</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/2017	Hilary Levine Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno Unified School District Teacher	\$10.00	\$110.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Hilary Levine Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno Unified School District Teacher	\$10.00	\$110.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Hilary Levine Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno Unified School District Teacher	\$10.00	\$110.00	2018P: \$115.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1218 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Hilary Levine Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno Unified School District Teacher	\$10.00	\$110.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Hilary Levine Fresno, CA 93704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fresno Unified School District Teacher	\$10.00	\$110.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1219 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Michael Levine Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Levine Management President/Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/28/2017	Bonnie Levinson San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnie Levinson Arts Consultant	\$50.00	\$150.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Bonnie Levinson San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bonnie Levinson Arts Consultant	\$100.00	\$150.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1220 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Evan Levy Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Hope Lewis Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MORE Health, Inc. Chief Executive Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Janet Lewis Hayward, CA 94541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1221 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Robert Lewis Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NICE Business Analyst	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Peter Leyden Berkeley, CA 94702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Reinventors Network Media Executive	\$200.00	\$400.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1222</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2017	Steven Li Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dynasty World Travel Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
12/18/2017	Liberty Mutual Insurance Company Federal PAC Boston, MA 02116	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$5,000.00	2018P: \$10,000.00
12/18/2017	Liberty Mutual PAC California Boston, MA 02116 Committee ID: 923177	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$5,000.00	2018P: \$10,000.00
9/25/2017	Sam Libraty Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pop Network Editor	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1223 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Sam Libraty Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pop Network Editor	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Gretchen Lief Montecito, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lief Wines President	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Paul Liehr Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Hospital Los Angeles Registered Nurse	\$100.00	\$225.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1224 of 2602

SEE INSTRUCTIONS ON REVERSE

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Paul Liehr Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Hospital Los Angeles Registered Nurse	\$25.00	\$225.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Paul Liehr Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Children's Hospital Los Angeles Registered Nurse	\$25.00	\$225.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1225 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Laura Lienhard Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laura Lienhard Designer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Jeremy Liew San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lightspeed Venture Partners Venture Capitalist	\$20,000.00	\$20,000.00	2018P: \$20,000.00
7/29/2017	Amy Likover San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Likover Teacher	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1226 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Amy Likover San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Likover Teacher	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Amy Likover San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Likover Teacher	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Amy Likover San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Likover Teacher	\$25.00	\$225.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1227 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Amy Likover San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Likover Teacher	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Clifton Lin Lomita, CA 90717	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lin Associates Insurance Agency Agent	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1228 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Emily Lin San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FineLine Construction Management	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Shelley Lindgren San Francisco, CA 94129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A16 Co-Owner	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Patti Lindhorst San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Express Global Account Manager	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1229</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	A. Robert Linscheid San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Chamber of Commerce President	\$1,000.00	\$1,250.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	A. Robert Linscheid San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Chamber of Commerce President	\$250.00	\$1,250.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1230</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2017	Julia Liou Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asian Health Services Planning/Development Director	\$1,100.00	\$1,100.00	2018P: \$1,100.00
7/27/2017	Robert Lipkin Berry Creek, CA 95916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FTW Publishing Publisher	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Robert Lipkin Berry Creek, CA 95916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FTW Publishing Publisher	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1231</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Robert Lipkin Berry Creek, CA 95916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FTW Publishing Publisher	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Robert Lipkin Berry Creek, CA 95916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FTW Publishing Publisher	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Robert Lipkin Berry Creek, CA 95916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FTW Publishing Publisher	\$25.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1232</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Robert Lipkin Berry Creek, CA 95916	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FTW Publishing Publisher	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Alexandre Lippens Los Angeles, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alexandre Lippens Film & Television Distribution/Production	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1233 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2017	Jane Lipsitz Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Magical Elves Co-Chief Executive Officer	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Steven Litras San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Autodesk, Inc. Systems Architect	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	William Little New York, NY 10128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1234 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	William Little New York, NY 10128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	William Little New York, NY 10128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Andrew Liu Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADH Guardian USA, LLC Managing Director	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1235</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Alvin Livingston Oregon City, OR 97046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Alvin Livingston Oregon City, OR 97046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
Page 1236 of 2602		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Alvin Livingston Oregon City, OR 97046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Alvin Livingston Oregon City, OR 97046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Llorente & Heckler, PA Miami Beach, FL 33140	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$15,000.00	2018P: \$15,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1237</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Sonia Lo Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pure Genius Foods Chief Operating Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Vickilyn Lockett Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1238 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/2017	Vickilyn Lockett Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$40.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Andrew Logan Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrew Logan Psychotherapy Psychotherapist	\$250.00	\$3,750.00	2018P: \$4,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Andrew Logan Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrew Logan Psychotherapy Psychotherapist	\$250.00	\$3,750.00	2018P: \$4,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1239</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Andrew Logan Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrew Logan Psychotherapy Psychotherapist	\$2,500.00	\$3,750.00	2018P: \$4,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Nicholas Logothetis New York, NY 10023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Libra Group Executive	\$7,500.00	\$7,500.00	2018P: \$7,500.00
11/21/2017	Christoph Lohmann Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Bank Commercial Real Estate Banker	\$250.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1240</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Christoph Lohmann Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Bank Commercial Real Estate Banker	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	David Long Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1241</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/2017	David Long Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	David Long Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	David Long Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1242 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	David Long Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	David Long Chula Vista, CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1243 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Jennifer Long Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Irvine Educator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Jennifer Long Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Irvine Educator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Jennifer Long Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Irvine Educator	\$10.00	\$120.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1244 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Jennifer Long Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Irvine Educator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jennifer Long Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Irvine Educator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1245 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Jennifer Long Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Irvine Educator	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Monica Long San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ripple Marketing	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Rich Longtin San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arista Networks Account Manager	\$100.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1246</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Rich Longtin San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arista Networks Account Manager	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Aimee Lopes San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharp Healthcare	\$25.00	\$150.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1247 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/3/2017	Aimee Lopes San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharp Healthcare	\$25.00	\$150.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Chris Lopes Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Lopes General Contractor	\$100.00	\$600.00	2018P: \$605.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Chris Lopes Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Lopes General Contractor	\$100.00	\$600.00	2018P: \$605.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1248</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Chris Lopes Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Lopes General Contractor	\$100.00	\$600.00	2018P: \$605.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Chris Lopes Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Lopes General Contractor	\$100.00	\$600.00	2018P: \$605.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1249</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Cecilia Lopez Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Saint Theresa School Teacher	\$25.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Cecilia Lopez Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Saint Theresa School Teacher	\$20.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Florencio Lopez Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$825.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1250</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Florencio Lopez Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$825.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Florencio Lopez Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$825.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1251</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Florencio Lopez Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$825.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Florencio Lopez Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$825.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Florencio Lopez Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$825.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1252</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Tai Lopez West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Knowledge Society Founder	\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/30/2017	Charles Lorre Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chuck Lorre Productions Writer/Producer	\$1,000.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
12/28/2017	Charles Lorre Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chuck Lorre Productions Writer/Producer	\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
12/28/2017	Charles Lorre Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chuck Lorre Productions Writer/Producer	\$28,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
<b>SUBTOTAL</b>						

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 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
Page 1253 of 2602		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	J.C. Love Burbank, CA 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J.C. Love Actor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Suzanne Lovell Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$280.00	2018P: \$465.00
<b>SUBTOTAL</b>						

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OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1254</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1255 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$280.00	2018P: \$465.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1256</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1257</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Lenora B. Lowe Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$280.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Vincent Lowe San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schoolhouse Earth Consultant	\$25.00	\$100.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1258</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Vincent Lowe San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schoolhouse Earth Consultant	\$25.00	\$100.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Bill Lowman Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Pacific Mortgage Chief Executive Officer	\$250.00	\$3,000.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1259 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Bill Lowman Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Pacific Mortgage Chief Executive Officer	\$250.00	\$3,000.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Bill Lowman Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Pacific Mortgage Chief Executive Officer	\$250.00	\$3,000.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Bill Lowman Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Pacific Mortgage Chief Executive Officer	\$250.00	\$3,000.00	2018P: \$3,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>1260</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Bill Lowman Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Pacific Mortgage Chief Executive Officer	\$250.00	\$3,000.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Bill Lowman Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Pacific Mortgage Chief Executive Officer	\$250.00	\$3,000.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1261 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/17/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$10.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$5.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$10.00	\$170.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1262</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$5.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$10.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1263 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$5.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$10.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$5.00	\$170.00	2018P: \$190.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1264</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$10.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$5.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1265</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$10.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Jon Lucca San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Lucca Chief Executive Officer	\$5.00	\$170.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Matt Lucero Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viktoriya's Medical Supplies Owner	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1266</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Alex Ludlum San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Group i Development	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Thomas Lue Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Waymo Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1267 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Lauren Luhrs Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Luhrs Writer	\$25.00	\$250.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Lauren Luhrs Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Luhrs Writer	\$25.00	\$250.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Lauren Luhrs Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Luhrs Writer	\$25.00	\$250.00	2018P: \$450.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1268 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Lauren Luhrs Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Luhrs Writer	\$25.00	\$250.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Lorry Luikart San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1269 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Andrew Luka Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBC Universal Vice President of Marketing	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Andrew Luka Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBC Universal Vice President of Marketing	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Andrew Luka Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBC Universal Vice President of Marketing	\$25.00	\$300.00	2018P: \$425.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1270</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Andrew Luka Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBC Universal Vice President of Marketing	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Andrew Luka Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBC Universal Vice President of Marketing	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1271</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Andrew Luka Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NBC Universal Vice President of Marketing	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Amber Lukacs Cardiff by the Sea, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Amber Lukacs Cardiff by the Sea, CA 92007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1272</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	James Lull San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Jose State University Professor	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	John Lum San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Lum Architect Architect	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1273 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Leslie Lundgren Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBI Federal Services Director Program Manager	\$25.00	\$300.00	2018P: \$725.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Leslie Lundgren Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBI Federal Services Director Program Manager	\$25.00	\$300.00	2018P: \$725.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Leslie Lundgren Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBI Federal Services Director Program Manager	\$25.00	\$300.00	2018P: \$725.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1274</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Leslie Lundgren Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBI Federal Services Director Program Manager	\$25.00	\$300.00	2018P: \$725.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Leslie Lundgren Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBI Federal Services Director Program Manager	\$25.00	\$300.00	2018P: \$725.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1275 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Leslie Lundgren Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBI Federal Services Director Program Manager	\$25.00	\$300.00	2018P: \$725.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Diane Lung Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Diane Lung Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1276 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Heather Lupa San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Bob Lupo Hakalau, HI 96720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1277</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Daniel Lurie San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tipping Point Community Chief Executive Officer/Founder	\$2,700.00	\$2,700.00	2018P: \$5,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Michael Lussier San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lussier Data Architects, Inc. Software Developer	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Michael Lussier San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lussier Data Architects, Inc. Software Developer	\$10.00	\$120.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1278 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Michael Lussier San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lussier Data Architects, Inc. Software Developer	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Michael Lussier San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lussier Data Architects, Inc. Software Developer	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1279 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Michael Lussier San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lussier Data Architects, Inc. Software Developer	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Michael Lussier San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lussier Data Architects, Inc. Software Developer	\$10.00	\$120.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Kelly Lynch Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KPL Select Mortgage Owner	\$1,000.00	\$1,100.00	2018P: \$1,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1280</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Ann Lyon-Boutelle San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$35.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Ann Lyon-Boutelle San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$35.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1281</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ann Lyon-Boutelle San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$35.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Ann Lyon-Boutelle San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$35.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	M.A.D.D.D., LLC Floral Park, NY 11001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>1282</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Li Ma Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Li Ma Medical Acupuncturist	\$400.00	\$1,400.00	2018P: \$2,125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Li Ma Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Li Ma Medical Acupuncturist	\$1,000.00	\$1,400.00	2018P: \$2,125.00
11/30/2017	Li Ma Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Li Ma Acupuncturist	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1283 of 2602
		I.D. Number 1375287

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NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Li Ma Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Li Ma Acupuncturist	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Sandy Ma San Francisco, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riviera Partners Executive Recruiter	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Elissa Maas Sacramento, CA 95821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EkmConsulting Healthcare Consultant	\$50.00	\$402.50	2018P: \$402.50
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1284</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Elissa Maas Sacramento, CA 95821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EkmConsulting Healthcare Consultant	\$75.00	\$402.50	2018P: \$402.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Elissa Maas Sacramento, CA 95821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EkmConsulting Healthcare Consultant	\$100.00	\$402.50	2018P: \$402.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1285 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Elissa Maas Sacramento, CA 95821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EkmConsulting Healthcare Consultant	\$100.00	\$402.50	2018P: \$402.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Anthony Macchiano Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/28/2017	Heather MacDermott San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather MacDermott Independent Manufacturers Sales Representative	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1286 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Heather MacDermott San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather MacDermott Independent Manufacturers Sales Representative	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Heather MacDermott San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather MacDermott Independent Manufacturers Sales Representative	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Heather MacDermott San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather MacDermott Independent Manufacturers Sales Representative	\$20.00	\$240.00	2018P: \$240.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1287</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Heather MacDermott San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather MacDermott Independent Manufacturers Sales Representative	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Heather MacDermott San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heather MacDermott Independent Manufacturers Sales Representative	\$20.00	\$240.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1288 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Daniel MacDonald Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copy Carriers Operations Manager	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Daniel MacDonald Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copy Carriers Operations Manager	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Daniel MacDonald Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copy Carriers Operations Manager	\$10.00	\$120.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1289 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Daniel MacDonald Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copy Carriers Operations Manager	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Daniel MacDonald Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copy Carriers Operations Manager	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1290 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Daniel MacDonald Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copy Carriers Operations Manager	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Jeff MacDonald San Leandro, CA 94579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Quinta Hotel Manager	\$50.00	\$625.00	2018P: \$1,325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Jeff MacDonald San Leandro, CA 94579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Quinta Hotel Manager	\$50.00	\$625.00	2018P: \$1,325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1291</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Jeff MacDonald San Leandro, CA 94579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Quinta Hotel Manager	\$50.00	\$625.00	2018P: \$1,325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Jeff MacDonald San Leandro, CA 94579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Quinta Hotel Manager	\$50.00	\$625.00	2018P: \$1,325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1292 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	Jeff MacDonald San Leandro, CA 94579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Quinta Hotel Manager	\$50.00	\$625.00	2018P: \$1,325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Jeff MacDonald San Leandro, CA 94579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	La Quinta Hotel Manager	\$50.00	\$625.00	2018P: \$1,325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Philip MacFarlane Houston, TX 77008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Marketing	\$20.00	\$160.00	2018P: \$575.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1293</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Philip MacFarlane Houston, TX 77008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Marketing	\$20.00	\$160.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Ruth MacFarlane San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Center for Lesbians Rights (NCLR) Director of Development	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1294</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Catherine MacNeal Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Catherine MacNeal Actor	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Catherine MacNeal Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Catherine MacNeal Actor	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Catherine MacNeal Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Catherine MacNeal Actor	\$25.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1295 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Catherine MacNeal Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Catherine MacNeal Actor	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Catherine MacNeal Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Catherine MacNeal Actor	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1296 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/2017	Calum MacRae San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ardelve Engineer	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Bonnie Madden Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Bonnie Madden Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1297</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Bonnie Madden Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Connie Madden Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1298 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Connie Madden Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Vinit Madhvani Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vinit Madhvani Physician	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1299</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1300 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1301</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1302</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1303 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1304</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Joseph Maffi Susanville, CA 96130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$675.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Cyrus Maghami Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harbor Ridge Capital Investment Banker	\$750.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Sondra Magness Marina Del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TeleSign President	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1305</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Samuel Magruder San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Samuel Magruder Consultant	\$500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Vincent Maher Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Maher Law Group PC Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1306 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Marcelline Mahern Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Marcelline Mahern Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Marcelline Mahern Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1307</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Marcelline Mahern Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Marcelline Mahern Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1308</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Marcelline Mahern Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Chris Mahle San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Lathrop Stanford Middle School Teacher	\$50.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	Chris Mahle San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Lathrop Stanford Middle School Teacher	\$50.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1309</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Chris Mahle San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Lathrop Stanford Middle School Teacher	\$50.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Chris Mahle San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Lathrop Stanford Middle School Teacher	\$50.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1310</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/26/2017	Chris Mahle San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Lathrop Stanford Middle School Teacher	\$50.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Chris Mahle San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jane Lathrop Stanford Middle School Teacher	\$50.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Sarah G. Maiani Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sarah G. Maiani Artist	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1311 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Bret Maidman San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Versant Commercial Brokerage Attorney	\$25.00	\$125.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Bret Maidman San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Versant Commercial Brokerage Attorney	\$25.00	\$125.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Bret Maidman San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Versant Commercial Brokerage Attorney	\$25.00	\$125.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1312</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Bret Maidman San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Versant Commercial Brokerage Attorney	\$25.00	\$125.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Bret Maidman San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Versant Commercial Brokerage Attorney	\$25.00	\$125.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1313 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/7/2017	Hadi Makarechian Montecity, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Makar Properties Board of Directors/Banning Lewis Ranch Management Company Chairman	\$10,000.00	\$10,000.00	2018P: \$10,000.00
10/30/2017	Finian Makepeace Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finian Makepeace Co-Founder	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Ashutosh Malaviya San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Smartzip Chief Technology Officer	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1314 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Ashutosh Malaviya San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Smartzip Chief Technology Officer	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Annie Chamnankij Malcolm Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$29,200.00	\$29,200.00	2018P: \$29,200.00
9/26/2017	John M. Malcolm San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malcolm Drilling Company Chairman/Chief Executive Officer	\$29,200.00	\$29,200.00	2018P: \$29,200.00
12/19/2017	Daniel Maldonado Washington, DC 20007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holland & Knight Senior Policy Advisor	\$2,000.00	\$2,000.00	2018P: \$2,750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1315</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Kuldip Malhotra Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mirsa Homes & Funding Real Estate	\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/15/2017	Pankaj Malhotra Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctors Medical Center of Modesto Physician	\$200.00	\$200.00	2018P: \$200.00
7/21/2017	John Mallen San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Mallen Attorney	\$50.00	\$600.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1316</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2017	John Mallen San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Mallen Attorney	\$50.00	\$600.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	John Mallen San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Mallen Attorney	\$50.00	\$600.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	John Mallen San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Mallen Attorney	\$50.00	\$600.00	2018P: \$2,225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1317</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	John Mallen San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Mallen Attorney	\$50.00	\$600.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	John Mallen San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Mallen Attorney	\$50.00	\$600.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1318 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Miri Malmquist Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miri Malmquist Landscaper	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Miri Malmquist Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miri Malmquist Landscaper	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	David Maltz San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intervalent Strategic Advisor	\$5,000.00	\$5,000.00	2018P: \$7,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1319</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Lisa Mamet Lake Oswego, OR 97035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avamere Health Services, LLC Accountant	\$25.00	\$102.50	2018P: \$102.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Lisa Mamet Lake Oswego, OR 97035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avamere Health Services, LLC Accountant	\$25.00	\$102.50	2018P: \$102.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1320</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2017	Noah Mamet Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Elguja Mamulashvill Van Nuys, CA 91406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Town Builders Contractor	\$25.00	\$225.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Elguja Mamulashvill Van Nuys, CA 91406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Town Builders Contractor	\$25.00	\$225.00	2018P: \$650.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1321 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Elguja Mamulashvili Van Nuys, CA 91406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Town Builders Contractor	\$25.00	\$225.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Manatt, Phelps, & Phillips, LLP Los Angeles, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/31/2017	Paula Mancias San Jose, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Corporation Operations Manager	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1322</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Paula Mancias San Jose, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Corporation Operations Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Paula Mancias San Jose, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Corporation Operations Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1323</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Paula Mancias San Jose, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Corporation Operations Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Paula Mancias San Jose, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Corporation Operations Manager	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Paula Mancias San Jose, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western Digital Corporation Operations Manager	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1324</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Kathryn Mandato Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Barbara Mandel Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,500.00	\$2,250.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1325 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Barbara Mandel Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$2,250.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Robert G. Mangano Clovis, CA 93611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Fresno Attorney	\$500.00	\$500.00	2018P: \$500.00
9/28/2017	Lisa Manning San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cathay Pacific Airways Manager	\$100.00	\$200.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1326</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Robert Mansfield San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Analyst	\$50.00	\$125.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Robert Mansfield San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Analyst	\$50.00	\$125.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Tamir Mansour Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tamir Mansour Realtor	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>1327</u> of <u>2602</u> I.D. Number 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Yakout Mansour El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TransAlta Corporate Director	\$1,000.00	\$1,100.00	2018P: \$1,100.00
11/14/2017	Gregory Manuel San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MNL Partners Owner/Partner	\$2,000.00	\$2,000.00	2018P: \$2,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Celine Mares Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologictx Healthcare	\$25.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1328</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Celine Mares Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologictx Healthcare	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Celine Mares Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologictx Healthcare	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1329 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Celine Mares Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologictx Healthcare	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Celine Mares Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologictx Healthcare	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Jeannette Margolin Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeannette Margolin Physician	\$50.00	\$100.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1330</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Patricia Margulies Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Margulies Researcher	\$5.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Patricia Margulies Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Margulies Researcher	\$5.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1331</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2017	Patricia Margulies Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Margulies Researcher	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Patricia Margulies Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Margulies Researcher	\$5.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Patricia Margulies Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Margulies Researcher	\$5.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1332</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Patricia Margulies Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Margulies Researcher	\$5.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Patricia Margulies Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Margulies Researcher	\$5.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1333 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Alan Mark San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Mark Company Real Estate Consulting	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$5.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$5.00	\$135.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1334</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$5.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$5.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1335 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/6/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$25.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$25.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$5.00	\$135.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1336</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$25.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Lori Markman San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Style, Inc. Sales Representative	\$5.00	\$135.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1337 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Russell Marne San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Russell Marne/JG Investments Attorney/Trustee	\$500.00	\$1,500.00	2018P: \$4,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Russell Marne San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Russell Marne/JG Investments Attorney/Trustee	\$1,000.00	\$1,500.00	2018P: \$4,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Jennifer Marples Belvedere Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Marples Coach	\$25.00	\$125.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1338 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Scott Marquardt Wheaton, IL 60187	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roger C. Marquardt & Company, Inc. Lobbyist	\$1,500.00	\$1,500.00	2018P: \$1,500.00
11/16/2017	Victor Marquez San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Marquez Law Group Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Rena Marrocco Vista, CA 92084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rena Marrocco Consultant	\$500.00	\$760.00	2018P: \$3,980.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1339</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	David Marsh Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Public Defenders Attorney	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	David Marsh Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Public Defenders Attorney	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1340</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/10/2017	Alexander Marston Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navera Animator	\$10.00	\$120.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Alexander Marston Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navera Animator	\$10.00	\$120.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Alexander Marston Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navera Animator	\$10.00	\$120.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1341 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Alexander Marston Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navera Animator	\$10.00	\$120.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Alexander Marston Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navera Animator	\$10.00	\$120.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1342</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Alexander Marston Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Navera Animator	\$10.00	\$120.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Cheryl Martin Palmdale, CA 93550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Cheryl Martin Palmdale, CA 93550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1343</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Cheryl Martin Palmdale, CA 93550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Cheryl Martin Palmdale, CA 93550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1344 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Cheryl Martin Palmdale, CA 93550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Cheryl Martin Palmdale, CA 93550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Frank Martin North Bergen, NJ 07047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHP Chief Compliance Officer	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1345</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Harry Martin San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Information Systems Manager	\$15.00	\$195.00	2018P: \$277.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Harry Martin San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Information Systems Manager	\$15.00	\$195.00	2018P: \$277.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1346</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2017	Harry Martin San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Information Systems Manager	\$15.00	\$195.00	2018P: \$277.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Harry Martin San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Information Systems Manager	\$15.00	\$195.00	2018P: \$277.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Harry Martin San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Information Systems Manager	\$15.00	\$195.00	2018P: \$277.50
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1347</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Harry Martin San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Information Systems Manager	\$15.00	\$195.00	2018P: \$277.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Harry Martin San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Santa Clara Information Systems Manager	\$15.00	\$195.00	2018P: \$277.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1348 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	Justin Martin Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney Art Director	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Justin Martin Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney Art Director	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Lucy Martin Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$105.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>1349</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Lucy Martin Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$105.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Melissa Martin Alexandria, VA 22306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Government Attorney	\$20.00	\$240.00	2018P: \$620.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1350 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Melissa Martin Alexandria, VA 22306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Government Attorney	\$20.00	\$240.00	2018P: \$620.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Melissa Martin Alexandria, VA 22306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Government Attorney	\$20.00	\$240.00	2018P: \$620.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Melissa Martin Alexandria, VA 22306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Government Attorney	\$20.00	\$240.00	2018P: \$620.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1351</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Melissa Martin Alexandria, VA 22306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Government Attorney	\$20.00	\$240.00	2018P: \$620.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Melissa Martin Alexandria, VA 22306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Government Attorney	\$20.00	\$240.00	2018P: \$620.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1352</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Henry Martinson Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$250.00	\$350.00	2018P: \$600.00
9/14/2017	Jeff Maruyama Belmont, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Daniel S. Mason San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Furth, Salem, Mason & Li, LLP Attorney	\$250.00	\$250.00	2018P: \$250.00
11/29/2017	Gregory J. Mason San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Capitol Investor	\$350.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1353</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Sarah Mason Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Becton Dickinson Attorney	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Sarah Mason Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Becton Dickinson Attorney	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Sarah Mason Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Becton Dickinson Attorney	\$50.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1354 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Eileen Massa Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Insurance Services Insurance Agent	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Kim Massoudi Newport Beach, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farzad Massoudi M.D. Chief Financial Officer	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1355 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	Kim Massoudi Newport Beach, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farzad Massoudi M.D. Chief Financial Officer	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Kim Massoudi Newport Beach, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farzad Massoudi M.D. Chief Financial Officer	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Kim Massoudi Newport Beach, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farzad Massoudi M.D. Chief Financial Officer	\$100.00	\$1,200.00	2018P: \$1,400.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1356</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Kim Massoudi Newport Beach, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farzad Massoudi M.D. Chief Financial Officer	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Kim Massoudi Newport Beach, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farzad Massoudi M.D. Chief Financial Officer	\$100.00	\$1,200.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1357 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/7/2017	Peter Massumi Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Massumi + Consoli, LLP Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Andrew Maston San Francisco, CA 94410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SalesForce, Inc. Vice President of Sales	\$50.00	\$600.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Andrew Maston San Francisco, CA 94410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SalesForce, Inc. Vice President of Sales	\$50.00	\$600.00	2018P: \$1,850.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1358</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Andrew Maston San Francisco, CA 94410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SalesForce, Inc. Vice President of Sales	\$50.00	\$600.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Andrew Maston San Francisco, CA 94410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SalesForce, Inc. Vice President of Sales	\$50.00	\$600.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1359 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Andrew Maston San Francisco, CA 94410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SalesForce, Inc. Vice President of Sales	\$50.00	\$600.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Andrew Maston San Francisco, CA 94410	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SalesForce, Inc. Vice President of Sales	\$50.00	\$600.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Mary Alice Matlack San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1360 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	Bari Mattes New York, NY 10011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bari Mattes Consultant	\$1,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Bari Mattes New York, NY 10011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bari Mattes Consultant	\$1,000.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Michael Matthews Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Rehab Counselor	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1361</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Michael Matthews Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Rehab Counselor	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	John Mattingly San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1362</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Sarah Mauk Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Lisa Maulhardt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stone Yamashita Partners Management Consultant	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/3/2017	Mark Maxson Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$1,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1363</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	Laray Mayfield Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laray Mayfield Casting Director	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Laray Mayfield Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laray Mayfield Casting Director	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Laray Mayfield Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laray Mayfield Casting Director	\$100.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1364</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Aida Mazaheri Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aida Mazaheri Engineer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Christina Mazzola Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1365</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Christina Mazzola Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Christina Mazzola Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Christina Mazzola Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
Page 1366 of 2602		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Christina Mazzola Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Christina Mazzola Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1367 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Christina Mazzola Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Brooke McAdams Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Network Entertainment Project Manager	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Brooke McAdams Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Network Entertainment Project Manager	\$50.00	\$600.00	2018P: \$650.00

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1368</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Brooke McAdams Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Network Entertainment Project Manager	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Brooke McAdams Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Network Entertainment Project Manager	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1369</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Brooke McAdams Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Network Entertainment Project Manager	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Brooke McAdams Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Network Entertainment Project Manager	\$50.00	\$600.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Blaine McAfee Fresno, CA 93706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Pastures Dairy Company Owner	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1370 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Blaine McAfee Fresno, CA 93706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Pastures Dairy Company Owner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Blaine McAfee Fresno, CA 93706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Pastures Dairy Company Owner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1371 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2017	Blaine McAfee Fresno, CA 93706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Pastures Dairy Company Owner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Blaine McAfee Fresno, CA 93706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Pastures Dairy Company Owner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Blaine McAfee Fresno, CA 93706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Organic Pastures Dairy Company Owner	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1372</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Susan McCabe Marina Del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McCabe & Company Consultant	\$1,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	John P. McCaffrey San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JPM International, LLC Architect	\$100.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1373</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/2/2017	John P. McCaffrey San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JPM International, LLC Architect	\$100.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	John P. McCaffrey San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JPM International, LLC Architect	\$200.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Leonard McCants II San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gap, Inc. Photo Shoot Producer	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1374</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Gregory McCarthy Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thera Home Care Chief Executive Officer	\$250.00	\$750.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Gregory McCarthy Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thera Home Care Chief Executive Officer	\$250.00	\$750.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1375 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Doug McCauley Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Heidi McClain Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sage Veterinary Veterinarian	\$250.00	\$300.00	2018P: \$300.00
8/28/2017	Craig McClure Bend, OR 97701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Redmond Police Officer	\$100.00	\$100.00	2018P: \$100.00
7/31/2017	Locke McCorkle Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supercuts Franchise Owner	\$50.00	\$350.00	2018P: \$575.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1376</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Locke McCorkle Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supercuts Franchise Owner	\$50.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Locke McCorkle Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supercuts Franchise Owner	\$50.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1377 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Locke McCorkle Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supercuts Franchise Owner	\$50.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Locke McCorkle Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supercuts Franchise Owner	\$50.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Jim McCormick Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kim International Corporation Chief Financial Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1378 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Nancy McCormick Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$212.50	2018P: \$287.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Nancy McCormick Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$212.50	2018P: \$287.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1379 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Mary T. McCullough New York, NY 10024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary T. McCullough Consultant	\$5,000.00	\$5,000.00	2018P: \$5,000.00
10/30/2017	Ginger McCully Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fidelity National Title Sales	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Tapati McDaniels Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

**\*Contributor Codes**

IND - Individual

COM - Recipient Committee  
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1380 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Tapati McDaniels Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Tracy McDermott Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Tracy McDermott Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1381</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Tracy McDermott Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1382 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$5.00	\$135.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>1383</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1384 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Michelle McDonald Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Annenberg Foundation Director of Finance	\$5.00	\$135.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1385</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	John McDonnell Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John McDonnell Private Investor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Robin McDonnell Cambria, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1386 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Nion McEvoy San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chronicle Books, LLC Chief Executive Officer	\$100.00	\$100.00	2018P: \$12,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Sandra McEwen San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Karen McFeee San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediasmith Advertising	\$50.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1387</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Karen McFeee San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediasmith Advertising	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Molly McGettigan San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Molly McGettigan Design	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1388 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Molly McGettigan San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Molly McGettigan Design	\$250.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Katrina McGinnis Woodland, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katrina McGinnis Family Nurse Practitioner	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Katrina McGinnis Woodland, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katrina McGinnis Family Nurse Practitioner	\$25.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1389 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Katrina McGinnis Woodland, CA 95695	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katrina McGinnis Family Nurse Practitioner	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Michele McGonigle Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michele McGonigle SAP Program Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1390</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2017	Michele McGonigle Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michele McGonigle SAP Program Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Michele McGonigle Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michele McGonigle SAP Program Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Michele McGonigle Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michele McGonigle SAP Program Manager	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1391</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	James McGrail Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of James McGrail Attorney	\$500.00	\$500.00	2018P: \$500.00
11/7/2017	Matt McGraw San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Bureau Chief Executive Officer	\$2,000.00	\$4,000.00	2018P: \$4,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Matt McGraw San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Bureau Chief Executive Officer	\$2,000.00	\$4,000.00	2018P: \$4,000.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1392</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Michael McHugh Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DigitalFusion Graphic Designer	\$25.00	\$130.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Michael McHugh Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DigitalFusion Graphic Designer	\$25.00	\$130.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1393 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael McHugh Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DigitalFusion Graphic Designer	\$25.00	\$130.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Michael McHugh Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DigitalFusion Graphic Designer	\$25.00	\$130.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Bill McIver Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$440.00	2018P: \$540.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1394</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Bill McIver Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$440.00	2018P: \$540.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Bill McIver Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$140.00	\$440.00	2018P: \$540.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1395</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	Joan Ellen McKee Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Elaine McKiernan Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$150.00	\$175.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Elaine McKiernan Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$425.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1396</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Betsy McKinney Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Faraway Foundation Chief Executive Officer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Betsy McKinney Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Faraway Foundation Chief Executive Officer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1397</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/2017	Betsy McKinney Fairfax, CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Faraway Foundation Chief Executive Officer	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Carlton McKinney Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Christina McKinney Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1398</u> of <u>2602</u>		
I.D. Number 1375287		

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NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Eunan McLaughlin Portland, OR 97209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Portland Accessories Owner	\$954.00	\$50.00	2018P: \$50.00
8/21/2017	Eunan McLaughlin Portland, OR 97209 Memo Reference: INC4274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Portland Accessories Owner	(\$904.00)	\$50.00	2018P: \$50.00
11/29/2017	Michael McLaughlin Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1399 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Michael McLaughlin Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Bill McIver Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Andrea McMahan Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brilliant Ink Senior Consultant	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1400</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Carole McMahan Newark, CA 94560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Justin McMahan Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Citibank Finance	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1401 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michelle McMahon New York, NY 10002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bryan Cave, LLP Attorney	\$528.00	\$528.00	2018P: \$528.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Linda McManus Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/30/2017	George McMurray Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairchild Semiconductor Electrical Engineer	\$100.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1402</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	George McMurray Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairchild Semiconductor Electrical Engineer	\$100.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	George McMurray Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairchild Semiconductor Electrical Engineer	\$100.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	George McMurray Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fairchild Semiconductor Electrical Engineer	\$100.00	\$700.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1403</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	David McNamara Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JB Jordan & Associates Sales	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	David McNamara Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JB Jordan & Associates Sales	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1404</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	David McNamara Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JB Jordan & Associates Sales	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Pamela McNeeley Forest Knolls, CA 94933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Waters Kayaking Owner	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Pamela McNeeley Forest Knolls, CA 94933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Waters Kayaking Owner	\$25.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1405 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Pamela McNeeley Forest Knolls, CA 94933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Waters Kayaking Owner	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Henry McNeely Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kolbeck Bauer Stanton Medical Group Physician	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1406 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Alice Mcpeak Penryn, CA 95663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Alice Mcpeak Penryn, CA 95663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	John McPherson Los Angeles, CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hinshaw & Culberson, LLP Senior Counsel	\$100.00	\$100.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>1407</u> of <u>2602</u> I.D. Number 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Jarrod McQueen Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Empire Restoration Restoration Technician	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Jarrod McQueen Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Empire Restoration Restoration Technician	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1408 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Jarrod McQueen Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Empire Restoration Restoration Technician	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Alice Mctighe San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandora Media, Inc. Attorney	\$250.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Bruce Mebine San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bruce Mebine Optometrist	\$250.00	\$250.00	2018P: \$750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1409</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Irene Mecchi San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Disney, Inc./Universal Writer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Medmen Opportunity Fund II, LP Culver City, CA 90232	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$29,200.00	\$29,200.00	2018P: \$29,200.00
8/26/2017	Nenad Medvidovic Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of Southern California Professor	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1410</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Jacqueline Meeker Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence Livermore National Laboratory (LLNL) Engineer	\$50.00	\$150.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Mihir Meghani Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tidewater Physicians Multispeciality Group Physician	\$1,001.00	\$1,001.00	2018P: \$1,001.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1411</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Steven Mehr Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jacoby & Meyers Lawyers Attorney	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Sandhya Mehta Silver Spring, MD 20910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DefX Managing Director	\$125.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Glen Mellinger Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dolby Labs Marketing	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1412</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Barry Melton Lower Lake, CA 95457	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barry Melton Attorney	\$100.00	\$200.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Roger Menard Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1413 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2017	Frank Menlo Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frank Menlo Real Estate	\$25,000.00	\$25,000.00	2018P: \$25,000.00
12/6/2017	Lynn Ross Menlo Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$25,000.00	\$25,000.00	2018P: \$25,000.00
9/23/2017	Lauren Menschel San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Mercury General Corporation Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1414</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Erika Merrell San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ernst & Young Director	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Erika Merrell San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ernst & Young Director	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Erika Merrell San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ernst & Young Director	\$25.00	\$300.00	2018P: \$400.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1415</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Erika Merrell San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ernst & Young Director	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Erika Merrell San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ernst & Young Director	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1416 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Erika Merrell San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ernst & Young Director	\$25.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	David Merriam Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Merriam Certified Public Accountant	\$25.00	\$125.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Ross Merrill Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merrill Farms, LLC Owner	\$5,000.00	\$5,000.00	2018P: \$5,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1417 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2017	Kristen Merriman San Jose, CA 95130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford Healthcare Hospital Administrator	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Joy Meserve Burbank, CA 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID Tech Chief Program Officer	\$50.00	\$170.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Eugene Mesgar Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eugene Mesgar Investor	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1418</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Debie Mesloh San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mesloh Strategies Principal	\$750.00	\$750.00	2018P: \$750.00
12/24/2017	Mark Messenger Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa Community College District College Professor	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Cassandra Mettling-Davis San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cassandra Mettling-Davis Architect	\$5.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1419</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Cassandra Mettling-Davis San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cassandra Mettling-Davis Architect	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Cassandra Mettling-Davis San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cassandra Mettling-Davis Architect	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1420</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/1/2017	Cassandra Mettling-Davis San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cassandra Mettling-Davis Architect	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Cassandra Mettling-Davis San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cassandra Mettling-Davis Architect	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Cassandra Mettling-Davis San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cassandra Mettling-Davis Architect	\$5.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1421 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Marlane Meyer Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$125.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Anneli Meyer Korn Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1422</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Anneli Meyer Korn Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Anneli Meyer Korn Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Diane Meyer Simon Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Global Green United States of America Environmental Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1423 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Michelle Meyercord Bronxville, NY 10708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michelle Meyercord Consultant	\$1,500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Diane Meyer-Simon Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Global Green USA Environmental Consultant	\$1,000.00	\$5,000.00	2018P: \$5,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1424</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Christopher J. Meza San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christopher J. Meza Investor	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Jim Michaels Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Brothers Television Television Producer	\$250.00	\$250.00	2018P: \$250.00
8/28/2017	Jim Michaels Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Brothers Television Television Producer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1425 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2017	Jim Michaels Los Angeles, CA 90068 Memo Reference: IDT93672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Brothers Television Television Producer	(\$250.00)	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Laura Michelman Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Carole Migden San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carol Migden Speaker/Consultant	\$500.00	\$750.00	2018P: \$750.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1426</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Carole Migden San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carol Migden Speaker/Consultant	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Terry Migliaccio Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Growth Properties Senior Leasing Director	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1427 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2017	Mike Gatto for Treasurer 2018 Encino, CA 91436 Committee ID: 1385974	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,990.00	\$4,990.00	2018P: \$4,990.00
9/6/2017	Steve Mikhov Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Knight Law Group Managing Director	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Tina Miklos Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1428</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Tina Miklos Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Kaveh Milaninia San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Multerra Bio Chief Executive Officer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Donna Milazzo Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Fit Connection Personal Trainer	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 1429 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Donna Milazzo Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Fit Connection Personal Trainer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Donna Milazzo Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Fit Connection Personal Trainer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1430</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Donna Milazzo Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Fit Connection Personal Trainer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Donna Milazzo Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Fit Connection Personal Trainer	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Donna Milazzo Culver City, CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Fit Connection Personal Trainer	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1431 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	EJ Milken Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Meredith Mill Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Meredith Mill Architectural Designer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1432</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Meredith Mill Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Meredith Mill Architectural Designer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Steven Millard Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Fiduciary Administrator	\$100.00	\$650.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Steven Millard Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Fiduciary Administrator	\$100.00	\$650.00	2018P: \$750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1433</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Steven Millard Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Fiduciary Administrator	\$250.00	\$650.00	2018P: \$750.00
7/31/2017	George Millburn Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,900.00	2018P: \$1,900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	George Millburn Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$1,900.00	2018P: \$1,900.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1434 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	George Millburn Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,900.00	2018P: \$1,900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	George Millburn Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,900.00	2018P: \$1,900.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1435</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Millenium Advisors, LLC Chicago, IL 60654	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/3/2017	Andrew Miller San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Santa Clara Firefighter	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Andrew Miller San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Santa Clara Firefighter	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1436</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2017	Carol Miller San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Carol Miller San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Carol Miller San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$875.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1437</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Carol Miller San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Carol Miller San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1438 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Carol Miller San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Deborah Miller Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Fundraiser	\$10.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Deborah Miller Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Fundraiser	\$10.00	\$140.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1439</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Deborah Miller Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Fundraiser	\$10.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Deborah Miller Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Fundraiser	\$10.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1440 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	Deborah Miller Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Fundraiser	\$25.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Deborah Miller Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Fundraiser	\$25.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	John Miller San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brigade Director of Engineering	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1441</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Katie Miller Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Netflix, Inc. Script Coordinator	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Leonard Miller Briones, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,005.00	2018P: \$1,005.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1442</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2017	Michael Miller San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Michael Miller San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Michael Miller San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1443 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	David Millett Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Diana L. Mills San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keker, Van Nest Peters Reception	\$100.00	\$100.00	2018P: \$100.00
7/11/2017	Shirley Mills Alturas, CA 96101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shirley Mills Bookseller	\$5.00	\$110.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1444</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Shirley Mills Alturas, CA 96101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shirley Mills Bookseller	\$25.00	\$110.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Shirley Mills Alturas, CA 96101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shirley Mills Bookseller	\$5.00	\$110.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1445 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Shirley Mills Alturas, CA 96101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shirley Mills Bookseller	\$5.00	\$110.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Shirley Mills Alturas, CA 96101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shirley Mills Bookseller	\$5.00	\$110.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Shirley Mills Alturas, CA 96101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shirley Mills Bookseller	\$5.00	\$110.00	2018P: \$165.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1446 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Shirley Mills Alturas, CA 96101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shirley Mills Bookseller	\$5.00	\$110.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Charles Mills, Jr. San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1447 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Charles Mills, Jr. San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Charles Mills, Jr. San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Charles Mills, Jr. San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$115.00	2018P: \$115.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1448</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Courtney Minick San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Courtney Minick Consultant	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Arman Miranda Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$145.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1449 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	Arman Miranda Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$145.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Arman Miranda Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$145.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Arman Miranda Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$145.00	2018P: \$185.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1450</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Arman Miranda Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$145.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Arman Miranda Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$145.00	2018P: \$185.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1451</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Catherine W. Miranker San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Catherine W. Miranker San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Catherine W. Miranker San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1452</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Catherine W. Miranker San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Catherine W. Miranker San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1453</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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12/30/2017	Catherine W. Miranker San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/7/2017	Mahnaz Mirfatahi Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SoCal Grading Civil Engineer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Amin Mirhadi Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cedars Sinai Physician	\$1,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1454 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Amin Mirhadi Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cedars Sinai Physician	\$1,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Calvin Mitchell New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Calvin Mitchell Communications	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1455</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/14/2017	Evelyn Mitchell Healdsburg, CA 95448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Evelyn Mitchell Accountant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Leonard Mitchell Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of Southern California Professor/Attorney	\$150.00	\$150.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Tyler Mitchell Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Entertainment, LLC Executive	\$100.00	\$6,200.00	2018P: \$6,400.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1456</u> of <u>2602</u>
		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Tyler Mitchell Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Entertainment, LLC Executive	\$100.00	\$6,200.00	2018P: \$6,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Tyler Mitchell Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Entertainment, LLC Executive	\$100.00	\$6,200.00	2018P: \$6,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1457</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	Tyler Mitchell Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Entertainment, LLC Executive	\$100.00	\$6,200.00	2018P: \$6,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Tyler Mitchell San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wilkes Bashford Owner	\$500.00	\$500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Tyler Mitchell Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Entertainment, LLC Executive	\$100.00	\$6,200.00	2018P: \$6,400.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1458</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Tyler Mitchell Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Imagine Entertainment, LLC Executive	\$100.00	\$6,200.00	2018P: \$6,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1459</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1460</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1461 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1462</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1463 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Rebecca Mocciano Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Mocciano Attorney	\$5.00	\$120.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Paul Moffett San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Pal Mohn San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ree Smit, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1464 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Karin Molander Mountain View, CA 94041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mills Peninsula Emergency Medicine Associates Physician	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Robert Molinaro Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pleasanton Garbage Service, Inc. Owner	\$2,500.00	\$2,500.00	2018P: \$2,500.00
10/31/2017	Tristen Molinet West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craft Brew Alliance Key Account Manager	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1465</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Stan Mollart Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Stan Mollart Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1466 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Stan Mollart Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Stan Mollart Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Narciso Mones West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediterranean Shipping Company, Inc. Sales & Marketing	\$5.00	\$110.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>1467</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Narciso Mones West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediterranean Shipping Company, Inc. Sales & Marketing	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Narciso Mones West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediterranean Shipping Company, Inc. Sales & Marketing	\$25.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1468 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Narciso Mones West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediterranean Shipping Company, Inc. Sales & Marketing	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Narciso Mones West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediterranean Shipping Company, Inc. Sales & Marketing	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Narciso Mones West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediterranean Shipping Company, Inc. Sales & Marketing	\$5.00	\$110.00	2018P: \$120.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1469</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Narciso Mones West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediterranean Shipping Company, Inc. Sales & Marketing	\$5.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Joseph Monreal San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$265.00	2018P: \$370.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>1470</u> of <u>2602</u> I.D. Number 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Joseph Monreal San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$265.00	2018P: \$370.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Joseph Monreal San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$265.00	2018P: \$370.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	James Monroe San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Monroe Law Firm Attorney	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1471</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Christine Monsen Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$150.00	\$150.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Raul Montalvo San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Raul Montalvo Dentist	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1472</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2017	Kenneth Monteiro San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco State University Educator	\$100.00	\$900.00	2018P: \$1,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Kenneth Monteiro San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco State University Educator	\$100.00	\$900.00	2018P: \$1,300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Kenneth Monteiro San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco State University Educator	\$100.00	\$900.00	2018P: \$1,300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1473 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Maryann Montrym Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Maryann Montrym Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1474</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Maryann Montrym Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Maryann Montrym Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$3,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Monument Properties Livermore, LLC Los Angeles, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1475 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Charles E. Moore Castro Valley, CA 94552	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles E. Moore Rancher	\$500.00	\$500.00	2018P: \$500.00
11/12/2017	Chris Moore San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Chief of Anesthesia	\$100.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Duncan Joseph Moore Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins, LLP Partner	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/15/2017	Geoffrey Moore Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Geoffrey Moore Realtor	\$25.00	\$100.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1476</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Geoffrey Moore Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Geoffrey Moore Realtor	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jason Moore San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alluvial Wines Sales	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1477 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/6/2017	Lisa Moore Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Moore Interpreter	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Lisa Moore Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Moore Interpreter	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Lisa Moore Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Moore Interpreter	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1478 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Lisa Moore Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa Moore Interpreter	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Ralph Moore Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hunt Enterprises Vice President	\$250.00	\$3,300.00	2018P: \$6,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1479</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Ralph Moore Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hunt Enterprises Vice President	\$500.00	\$3,300.00	2018P: \$6,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Ralph Moore Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hunt Enterprises Vice President	\$300.00	\$3,300.00	2018P: \$6,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Ralph Moore Torrance, CA 90501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hunt Enterprises Vice President	\$300.00	\$3,300.00	2018P: \$6,800.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1480</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Scott Moore Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kidango Educator	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Steve Moore San Diego, CA 92117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillsbury Winthrop Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1481</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Puran Moorjani Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Drive People Projects Technology Chief Executive Officer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Jim Moresi Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jim Moresi Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1482 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Anna Mieke Ortiz Morfit San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10,000.00	\$39,200.00	2018P: \$29,200.00 2018G: \$10,000.00
11/8/2017	Garrison Mason Morfit San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ValueAct Capital President	\$10,000.00	\$39,200.00	2018P: \$29,200.00 2018G: \$10,000.00
7/11/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$176.00	2018P: \$206.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1483</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$176.00	2018P: \$206.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/8/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$6.00	\$176.00	2018P: \$206.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/8/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$176.00	2018P: \$206.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1484</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/8/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$176.00	2018P: \$206.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$176.00	2018P: \$206.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1485</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$176.00	2018P: \$206.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$176.00	2018P: \$206.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Jacquelyn Morgan Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$176.00	2018P: \$206.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1486</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Monette Morgan Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Monette Morgan Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1487 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2017	Monette Morgan Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Monette Morgan Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Morgan Stanley New York, NY 10036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1488 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/8/2017	Ryan Morris Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Motor Company Executive Chairman	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Amanda Mortimer Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Representation Project Journalist	\$500.00	\$500.00	2018P: \$1,525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Jody Morton-Newman Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$300.00	2018P: \$445.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1489 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Jody Morton-Newman Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$300.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Jody Morton-Newman Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$300.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1490 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2017	Jody Morton-Newman Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$300.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Jody Morton-Newman Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$300.00	2018P: \$445.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Jody Morton-Newman Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$300.00	2018P: \$445.00

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1491 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Christopher Moscone Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Moscone Emblidge & Otis, LLP Partner	\$5,000.00	\$6,000.00	2018P: \$29,200.00 2018G: \$27,300.00
12/4/2017	Linda Moscone Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15,000.00	\$15,000.00	2018P: \$15,000.00
10/5/2017	Manouchehr Moshayedi Newport Beach, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15,000.00	\$15,000.00	2018P: \$15,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1492 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Mark Moshayed Newport Beach, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MSM Global Ventures Chief Executive Officer	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Mike Moshayed Newport Beach, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Semira Moshayed Newport Beach, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Semira Moshayed Physician	\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1493 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1494 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1495</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1496 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1497</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Charlotte Mosher San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katherine Michiels School Teacher	\$25.00	\$275.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Anoosheh Mostafaei Signal Hill, CA 90755	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ship and Shore Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1498 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Aston Motes San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assorted Bits, Inc. Software Engineer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Janet Moyer Spring Valley, CA 91977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Janet Moyer Spring Valley, CA 91977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1499 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Bruce Moynagh Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bruce Moynagh Sales Manager	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Bruce Moynagh Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bruce Moynagh Sales Manager	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1500 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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12/27/2017	Bruce Moynagh Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bruce Moynagh Sales Manager	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Dambisa Moyo New York, NY 10065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dambisa Moyo Global Economist & Author	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	MT Development Group San Leandro, CA 94577	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$19,000.00	\$19,000.00	2018P: \$19,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1501</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/8/2017	Maryam Muduroglu San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Maryam Muduroglu Philanthropist	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Michael Mueller Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mueller Design, Inc. Architect	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Erick Mullen Washington, DC 20012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mercury Managing Director	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1502</u> of <u>2602</u>		
I.D. Number 1375287		

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NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Michael Mullen Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$255.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Michael Mullen Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$255.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1503</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2017	Michael Mullen Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$255.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Michael Mullen Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$255.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Michael Mullen Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$255.00	2018P: \$255.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1504 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Michael Mullen Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$255.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Marc Mullendore Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AIDS Services Foundation, Orange County Grants Manager	\$25.00	\$325.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1505 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2017	Dara Mulligan Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dara Mulligan Chef	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Kim Mulligan San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Jonathan Mullinix San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$575.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1506</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Jonathan Mullinix San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Jonathan Mullinix San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1507</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jonathan Mullinix San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Jonathan Mullinix San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Jonathan Mullinix San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$575.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1508</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/3/2017	Genevieve Mullis Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GAP, Inc. Customer Service	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/3/2017	Genevieve Mullis Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GAP, Inc. Customer Service	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1509 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2017	Genevieve Mullis Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GAP, Inc. Customer Service	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Genevieve Mullis Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GAP, Inc. Customer Service	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Genevieve Mullis Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GAP, Inc. Customer Service	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1510</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Matt Munoz Seattle, WA 98112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Student	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Janice R. Murayama Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1511 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2017	Carole Murchison Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Synopsys, Inc. Director Public Relations	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Scott Murchison San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Shelley Murdock Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1512 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Shelley Murdock Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Shelley Murdock Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1513</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2017	Shelley Murdock Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Shelley Murdock Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Shelley Murdock Concord, CA 94518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1514 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Thomas Murphy San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Stacy Murray San Jose, CA 95134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DLA Piper, LLP Legal Secretary	\$25.00	\$125.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1515</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Stacy Murray San Jose, CA 95134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DLA Piper, LLP Legal Secretary	\$25.00	\$125.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	John Muzzy Athens, TN 37303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Olin Systems, Applications and Products Lead	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	John Muzzy Athens, TN 37303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Olin Systems, Applications and Products Lead	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1516 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	John Muzzy Athens, TN 37303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Olin Systems, Applications and Products Lead	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Christie Myer Visalia, CA 93292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1517 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2017	Ada Mynock Sacramento, CA 95841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$102.00	2018P: \$107.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Ada Mynock Sacramento, CA 95841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$102.00	2018P: \$107.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Ada Mynock Sacramento, CA 95841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$102.00	2018P: \$107.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1518</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Muhammad Nadhirii San Francisco, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Axis Developement Group Real Estate Developer	\$500.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Muhammad Nadhirii San Francisco, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Axis Developement Group Real Estate Developer	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1519 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/2017	Rochelle Nadhirii San Francisco, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Facebook, Inc. Public Relations Manager	\$500.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Rochelle Nadhirii San Francisco, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Facebook, Inc. Public Relations Manager	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Jean Nagel Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1520</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Jean Nagel Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Jean Nagel Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1521</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2017	Taylor Nagle San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vallejo Investments Attorney	\$100.00	\$2,200.00	2018P: \$4,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Taylor Nagle San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vallejo Investments Attorney	\$100.00	\$2,200.00	2018P: \$4,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Taylor Nagle San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vallejo Investments Attorney	\$100.00	\$2,200.00	2018P: \$4,800.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1522</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Taylor Nagle San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vallejo Investments Attorney	\$100.00	\$2,200.00	2018P: \$4,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Taylor Nagle San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vallejo Investments Attorney	\$1,000.00	\$2,200.00	2018P: \$4,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1523 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Taylor Nagle San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vallejo Investments Attorney	\$100.00	\$2,200.00	2018P: \$4,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Taylor Nagle San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vallejo Investments Attorney	\$100.00	\$2,200.00	2018P: \$4,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Kamyar Najmi Rancho Palos Verdes, CA 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Raymak Automotive, Inc. President	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1524</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Elizabeth Naleway Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Administration Manager	\$25.00	\$125.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Elizabeth Naleway Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Administration Manager	\$50.00	\$125.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1525 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1526</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1527</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Karenina Nallick San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1528 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Namic Administrative Fund Indianapolis, IN 46268	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,950.00	\$1,950.00	2018P: \$1,950.00
9/6/2017	Anthony R. Nanula San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthony R. Nanula Investment Broker	\$1,000.00	\$1,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Laurean Nardone San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shira Ridge Wealth Management Owner	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1529</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Delight Nasatir Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Delight Nasatir Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1530</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Anne Nash Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Anne Nash Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Anne Nash Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$180.00	2018P: \$180.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1531</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Patrick Nash Chicago, IL 60614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kirkland & Ellis, LLP Attorney	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Ahmad Nassar Vienna, VA 22182	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NFL Players, Inc. President	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1532</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Cindy Nasser Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PCV Murcor Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Nationwide Mutual Insurance Company Federal PAC Columbus, OH 43215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$10,000.00
12/30/2017	Anders Nattestad Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of the Pacific Professor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1533 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	Elise Navin San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Deborah Neiman Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Frank Neimroozi Granada Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Econstruct, Inc. Contractor	\$100.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1534 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Frank Neimroozi Granada Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Econstruct, Inc. Contractor	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Sam Nejabat La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SJN Properties President	\$5,000.00	\$12,500.00	2018P: \$12,500.00
11/30/2017	Sam Nejabat La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SJN Properties President	\$7,500.00	\$12,500.00	2018P: \$12,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1535</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2017	Patrick Nelligan Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$115.00	2018P: \$115.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Dennis Nelson Guerneville, CA 95446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Dennis Nelson Guerneville, CA 95446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1536</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Eric Nelson Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Eric Nelson Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1537 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	Eric Nelson Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Eric Nelson Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Eric Nelson Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1538</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Eric Nelson Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Michelle Nerona Elk Grove, CA 95757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1539</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Michelle Nerona Elk Grove, CA 95757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Michelle Nerona Elk Grove, CA 95757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Michelle Nerona Elk Grove, CA 95757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Registered Nurse	\$25.00	\$100.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1540 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/7/2017	Erik Netterfield Astoria, NY 11102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hudson Insurance Group Executive Underwriter	\$250.00	\$250.00	2018P: \$660.00
11/10/2017	Spencer Neumann Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Activision Blizzard Chief Financial Officer	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1541</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1542 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1543</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$20.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1544</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$20.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1545</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$20.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1546 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$15.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Patrick Nevis Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Permit Specialist	\$20.00	\$335.00	2018P: \$470.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Janan M. New San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Apartment Association Director	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1547</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	New Monrachet, LLC dba Vintage Wine Merchants San Jose, CA 95128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
10/17/2017	Eric Newsom Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manatt, Phelps & Phillips, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Philip Newsom Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TBP Architecture Architect	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1548 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Philip Newsom Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TBP Architecture Architect	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Philip Newsom Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TBP Architecture Architect	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Philip Newsom Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TBP Architecture Architect	\$10.00	\$120.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1549 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Philip Newsom Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TBP Architecture Architect	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Philip Newsom Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TBP Architecture Architect	\$10.00	\$120.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1550</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	Huudinh Nguyen San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Huudinh Nguyen San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Minh-Huyen Nguyen San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1551</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Larry Nibbi Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nibbi Brothers, Inc. Chief Executive Officer	\$1,000.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Joseph Nichol Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wonderland Sound & Vision Owner	\$2,000.00	\$3,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1552 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/22/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1553</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1554</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$2,850.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1555</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Linda Nicholes Anaheim, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$2,850.00	2018P: \$2,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Michael Nicholls Cazadero, CA 95421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1556</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Michael Nicholls Cazadero, CA 95421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Michael Nicholls Cazadero, CA 95421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Michael Nicholls Cazadero, CA 95421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$120.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1557</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Michael Nicholls Cazadero, CA 95421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Michael Nicholls Cazadero, CA 95421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10.00	\$120.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1558</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	Blair Nichols Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bernstein Litowitz Berger & Grossmann, LLP Attorney	\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/4/2017	Mike Nichols Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Mike Nichols Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1559 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2017	Mike Nichols Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Mike Nichols Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Mike Nichols Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1560 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Mike Nichols Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/2/2017	Mary-Carolyn Nickels-Cox San Francisco, CA 94130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1561 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/2017	Mary-Carolyn Nickels-Cox San Francisco, CA 94130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	Mary-Carolyn Nickels-Cox San Francisco, CA 94130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Mary-Carolyn Nickels-Cox San Francisco, CA 94130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Unified School District Teacher	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1562</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Ryan Nielsen Dublin, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	H&N Enterprises Manager	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Susan Nightingale Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Watercourse Way Owner	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1563</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Susan Nightingale Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Watercourse Way Owner	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Susan Nightingale Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Watercourse Way Owner	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Mohinder S. Nijjar Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Examworks, Inc. Specialty Orthopedic Surgeon	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1564 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/8/2017	Brandon Nilles Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandon Nilles Financial Rigger	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/8/2017	Brandon Nilles Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandon Nilles Financial Rigger	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/8/2017	Brandon Nilles Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandon Nilles Financial Rigger	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1565</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/8/2017	Brandon Nilles Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandon Nilles Financial Rigger	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Brandon Nilles Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandon Nilles Financial Rigger	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1566 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Brandon Nilles Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandon Nilles Financial Rigger	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Scott Nixon Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Happy Herbivore, Inc. Chief Financial Officer	\$250.00	\$350.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Scott Nixon Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Happy Herbivore, Inc. Chief Financial Officer	\$100.00	\$350.00	2018P: \$1,275.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1567 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Tom Nixon San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intuitive Surgical Software Engineer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Molly Noble Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College of Marin Teacher	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1568 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/2017	Nancy Noll Arcata, CA 95518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Noll Investor	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Nancy Noll Arcata, CA 95518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Noll Investor	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Lorraine Norby Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$135.00	2018P: \$525.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1569</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Alexis Nordby San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allan Lerch and Associates Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1570</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/19/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1571</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1572 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/13/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1573</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/19/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1574 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Daniel Norman San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Coat Systems Lead Designer	\$25.00	\$600.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Jonas Norr New York, NY 10026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Education Partners Co-Chief Executive Officer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Jonas Norr New York, NY 10026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Education Partners Co-Chief Executive Officer	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1575 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Jonas Norr New York, NY 10026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Education Partners Co-Chief Executive Officer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Jonas Norr New York, NY 10026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Education Partners Co-Chief Executive Officer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1576</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Jonas Norr New York, NY 10026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Education Partners Co-Chief Executive Officer	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Cathy Northcutt Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Cathy Northcutt Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>1577</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Cathy Northcutt Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Northern California Construction Teamsters PAC Oakland, CA 94621 Committee ID: 1385311	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
12/1/2017	Northern California District Council of Laborers PAC Small Contributor Committee Sacramento, CA 95814 Committee ID: 1243030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$29,200.00	\$29,200.00	2018P: \$29,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1578 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	Carri Norton Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trane Director	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Rachel Nosowsky Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Larry Notheis Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Of California Civil Service	\$250.00	\$250.00	2018P: \$450.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1579</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Don Novello San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Don Novello Entertainer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Kathleen Nunes San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1580</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/21/2017	Kathleen Nunes San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Kathleen Nunes San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/13/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1581 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/13/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1582</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1583 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1584 of 2602


SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	Olga Nunez West Covina, CA 91792	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	\$25.00	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Olga Nunez West Covina, CA 91792 Memo Reference: IDT108877	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Police Department, City of Los Angeles 911 Dispatcher	(\$25.00)	\$475.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Robert Nunn Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sunset Exploration, Inc. President	\$2,500.00	\$3,500.00	2018P: \$3,500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1585</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Virginia Oakry San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Virginia Oakry San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1586 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Virginia Oakry San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Virginia Oakry San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Virginia Oakry San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1587 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Virginia Oakry San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Laura Oatman Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oatman Architects Architect	\$5.00	\$1,005.00	2018P: \$1,005.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1588</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/7/2017	Laura Oatman Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oatman Architects Architect	\$1,000.00	\$1,005.00	2018P: \$1,005.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Anjanette Obieta-Chan San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anjanette Obieta-Chan Investor	\$12.50	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Anjanette Obieta-Chan San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anjanette Obieta-Chan Investor	\$12.50	\$140.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1589</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Anjanette Obieta-Chan San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anjanette Obieta-Chan Investor	\$12.50	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Ed Obuchowski San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bank of San Francisco Banker	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1590 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2017	Glenn Oclassen Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Replicon Senior Vice President-Customer Success	\$50.00	\$600.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Glenn Oclassen Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Replicon Senior Vice President-Customer Success	\$50.00	\$600.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Glenn Oclassen Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Replicon Senior Vice President-Customer Success	\$50.00	\$600.00	2018P: \$1,450.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1591</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Glenn Oclassen Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Replicon Senior Vice President-Customer Success	\$50.00	\$600.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Glenn Oclassen Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Replicon Senior Vice President-Customer Success	\$50.00	\$600.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1592</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Glenn Oclassen Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Replicon Senior Vice President-Customer Success	\$50.00	\$600.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Colm Ocomartun Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	50 State Consultant	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Daniel OConnor Cottonwood Heights, UT 84121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Daniel OConnor Musician	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1593 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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7/16/2017	John O'Connor Orangevale, CA 95662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John O'Connor Physician	\$25.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	John O'Connor Orangevale, CA 95662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John O'Connor Physician	\$100.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	John O'Connor Orangevale, CA 95662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John O'Connor Physician	\$25.00	\$250.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1594</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	John O'Connor Orangevale, CA 95662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John O'Connor Physician	\$25.00	\$250.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Frank O'Dea Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frank O'Dea Hospitality, LLC Owner	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1595</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	M. Odello Riverside, CA 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Latisha Oden San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Sora O'Doherty Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$305.00	2018P: \$485.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1596 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Sora O'Doherty Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$305.00	2018P: \$485.00
10/13/2017	Sora O'Doherty Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$305.00	2018P: \$485.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Sora O'Doherty Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$305.00	2018P: \$485.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1597</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Elisabeth Oei Woodland Hills, CA 91367	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical and Musical Industries Music Director	\$50.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Sujo Offield Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
7/29/2017	Hendrik Ohldag Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Scientist	\$25.00	\$300.00	2018P: \$650.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1598</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Hendrik Ohldag Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Scientist	\$25.00	\$300.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Hendrik Ohldag Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Scientist	\$25.00	\$300.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1599 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2017	Hendrik Ohldag Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Scientist	\$25.00	\$300.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Hendrik Ohldag Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Scientist	\$25.00	\$300.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Hendrik Ohldag Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Scientist	\$25.00	\$300.00	2018P: \$650.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1600 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Marion O'Leary San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Natalie Olivas Richmond, CA 94805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Natalie Olivas Medical Transcriptionist	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1601</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	John Olivier Irvine, CA 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fuscoe Engineering, Inc. Engineer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	John Olsen San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Olsen Consultant	\$10.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Karen Olsen-Dunn San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen Olsen-Dunn Visual Artist	\$100.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1602</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Blade Olson Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google, Inc. Strategy	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Charles R. Olson Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lubin Olson Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/22/2017	Darcie Olson Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NetApp Sales	\$25.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1603 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Darcie Olson Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NetApp Sales	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Darcie Olson Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NetApp Sales	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1604 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2017	Darcie Olson Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NetApp Sales	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Darcie Olson Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NetApp Sales	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Darcie Olson Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NetApp Sales	\$25.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1605</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Stephen Olszewski Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Stephen Olszewski Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1606 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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12/30/2017	Stephen Olszewski Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Omega & Associates, Inc. Lisle, IL 60532	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/25/2017	Gary Omura San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,100.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1607 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2017	Gary Omura San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,100.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Gary Omura San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,100.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Gary Omura San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,100.00	2018P: \$1,200.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1608 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	David Onek San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Onek Change & Transition Strategist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Paul Bradford Onorato Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Rep. Mike Thompson District Representative	\$2,000.00	\$2,000.00	2018P: \$3,000.00
10/16/2017	John Oram Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DSWC, Inc. President	\$1,000.00	\$1,000.00	2018P: \$1,000.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1609 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/7/2017	Susan Orman Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Carolyn Orndoff Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Gerard Orozco Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,750.00	2018P: \$2,750.00

**SUBTOTAL**

\*Contributor Codes  
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OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1610</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Gerard Orozco Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,750.00	2018P: \$2,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/3/2017	Josephine Orozco Rodeo, CA 94572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Sol Restaurant & Catering-Rodeo Owner/Partner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1611</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2017	Josephine Orozco Rodeo, CA 94572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Sol Restaurant & Catering-Rodeo Owner/Partner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Josephine Orozco Rodeo, CA 94572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Sol Restaurant & Catering-Rodeo Owner/Partner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Josephine Orozco Rodeo, CA 94572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Sol Restaurant & Catering-Rodeo Owner/Partner	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1612</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Josephine Orozco Rodeo, CA 94572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Sol Restaurant & Catering-Rodeo Owner/Partner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Josephine Orozco Rodeo, CA 94572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Sol Restaurant & Catering-Rodeo Owner/Partner	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1613 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Katy Orr Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,250.00	2018P: \$4,075.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/13/2017	Monica Ortiz San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tintri, Inc. Director of Corporate Events	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	Georgia Osborne Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$600.00	2018P: \$600.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1614 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Georgia Osborne Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Joelle Osias Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fioreviva Physician	\$500.00	\$500.00	2018P: \$500.00
8/31/2017	Gunnar Ostergren Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Perforce Software Director of Client Engineering	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1615</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Linda Ostrom Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Finance Manager	\$50.00	\$300.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Loren Ostrow Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KOAR International, Inc. President	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1616 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Peter O'Toole Washington, DC 20006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Objective Lab LLC Principle	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Bahya Oumlil-Murad Belvedere Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,800.00	\$31,500.00	2018P: \$29,200.00 2018G: \$5,800.00
12/14/2017	Bahya Oumlil-Murad Belvedere Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$24,200.00	\$31,500.00	2018P: \$29,200.00 2018G: \$5,800.00
11/8/2017	Amber Ovalle San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amber Ovalle Sales	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1617</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Antony Overbaugh Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Antony Overbaugh Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1618 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Ken Overholt San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$200.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1619 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1620 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1621</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1622 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/22/2017	Kristin Owen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Rob Owen Sunnyvale, CA 94085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rob Owen Strategy Consultant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Robert Owen San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1623</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Robert Owen San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1624</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1625 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1626 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1627</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1628 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1629 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Barbara A. Owens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$655.00	2018P: \$1,230.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Michelle Oyarzo San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1630 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Michelle Oyarzo San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Michelle Oyarzo San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Michelle Oyarzo San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$50.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1631</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Pacific Life Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$10,000.00
11/16/2017	Pacwend II, Inc. Modesto, CA 95351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Norm Page San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Same Page Capital, LLC Owner	\$100.00	\$100.00	2018P: \$100.00

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1632</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Scott Page San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National University Executive Director	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Shannon Page Mill Valley, CA 94942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John H. Scully Personal Assistant	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1633 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Shannon Page Mill Valley, CA 94942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John H. Scully Personal Assistant	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Cristeta Paguirigan-Summers South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
10/13/2017	Matthew C. Paige San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Matthew C. Paige Real Estate	\$500.00	\$500.00	2018P: \$500.00
11/9/2017	Arman Palavan Palo Alto, CA 94304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pekins Coie Attorney	\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1634</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Larry Palmer Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/24/2017	Larry Palmer Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1635 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	Larry Palmer Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Larry Palmer Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Larry Palmer Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$775.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1636</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/24/2017	Larry Palmer Long Beach, CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$5.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1637 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$10.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$5.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$10.00	\$101.00	2018P: \$101.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1638</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$5.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$5.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1639</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$5.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$10.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$8.00	\$101.00	2018P: \$101.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1640 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Margery Palmer Missoula, MS 59803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Margery Palmer Math Coach	\$8.00	\$101.00	2018P: \$101.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Jerome C. Pandell Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$20.18	\$242.16	2018P: \$654.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1641 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Jerome C. Pandell Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$20.18	\$242.16	2018P: \$654.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Jerome C. Pandell Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$20.18	\$242.16	2018P: \$654.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Jerome C. Pandell Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$20.18	\$242.16	2018P: \$654.50
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1642 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Jerome C. Pandell Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$20.18	\$242.16	2018P: \$654.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Jerome C. Pandell Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandell Law Firm, Inc. Attorney	\$20.18	\$242.16	2018P: \$654.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1643</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2017	Simon Pang Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Royal Business Bank Bank Officer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
11/3/2017	Milan Panic Santa Ana, CA 92707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Opera Vice Chairman	\$29,200.00	\$29,200.00	2018P: \$29,200.00
12/15/2017	Sweena Pannu Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanislaus County Deputy Public Defender	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/25/2017	Evelyn Pantel Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$625.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1644</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Evelyn Pantel Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$625.00	2018P: \$625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Sue Papilion San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Dana Pappas Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restani-Fatima Veterinary Hospital Veterinarian Assistant	\$25.00	\$110.00	2018P: \$120.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1645</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Dana Pappas Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restani-Fatima Veterinary Hospital Veterinarian Assistant	\$15.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Dana Pappas Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restani-Fatima Veterinary Hospital Veterinarian Assistant	\$15.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1646 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Dana Pappas Pacifica, CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restani-Fatima Veterinary Hospital Veterinarian Assistant	\$15.00	\$110.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Rod Paras San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T, Inc. Software Engineer	\$50.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Tami Pardee Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Halton Pardee+Partners Chief Executive Officer/Principal Broker	\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1647</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Linda Parena Richmond, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$240.00	2018P: \$270.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Linda Parena Richmond, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$240.00	2018P: \$270.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1648 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Linda Parena Richmond, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$240.00	2018P: \$270.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Linda Parena Richmond, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$240.00	2018P: \$270.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Linda Parena Richmond, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$240.00	2018P: \$270.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1649 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Kurt Parish Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Desert Arc Controller	\$25.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Kurt Parish Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Desert Arc Controller	\$25.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1650 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Kurt Parish Desert Hot Springs, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Desert Arc Controller	\$25.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	William H. Parish Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Parish Guy Castillo PC Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/18/2017	Tony Parisi San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unity Technologies Business	\$100.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1651</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Lina Park Walnut Creek, CA 94598	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Korean American Community Foundation Executive Director	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Bryan Parker Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DaVita Healthcare Executive	\$250.00	\$1,750.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/25/2017	Bryan Parker Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DaVita Healthcare Executive	\$250.00	\$1,750.00	2018P: \$1,850.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1652</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Bryan Parker Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DaVita Healthcare Executive	\$250.00	\$1,750.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Bryan Parker Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DaVita Healthcare Executive	\$250.00	\$1,750.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1653 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/25/2017	Bryan Parker Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DaVita Healthcare Executive	\$250.00	\$1,750.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Bryan Parker Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DaVita Healthcare Executive	\$250.00	\$1,750.00	2018P: \$1,850.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Kim Parker Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Unified School District Teacher	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1654</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Kim Parker Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Unified School District Teacher	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Kim Parker Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Unified School District Teacher	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1655 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2017	Kim Parker Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fremont Unified School District Teacher	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Ron Parks Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diversified Services for Industry Corporation Business Manager	\$20.00	\$180.00	2018P: \$585.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Ron Parks Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diversified Services for Industry Corporation Business Manager	\$20.00	\$180.00	2018P: \$585.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1656</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Ron Parks Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diversified Services for Industry Corporation Business Manager	\$20.00	\$180.00	2018P: \$585.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Julia Parranto Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Parranto & Applegate, LLP Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1657 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2017	Jeffrey Parsons San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RockYou, Inc. Systems Engineer	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Jeffrey Parsons San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RockYou, Inc. Systems Engineer	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Jeffrey Parsons San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RockYou, Inc. Systems Engineer	\$25.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1658</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Jeffrey Parsons San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RockYou, Inc. Systems Engineer	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Jeffrey Parsons San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RockYou, Inc. Systems Engineer	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1659</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Jeffrey Parsons San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RockYou, Inc. Systems Engineer	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$190.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1660</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1661 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$190.00	2018P: \$190.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1662</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Barbara Partridge Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$190.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Timothy Partridge Alamo, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	32TEN Studios Chief Executive Officer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1663</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Timothy Partridge Alamo, CA 95407	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	32TEN Studios Chief Executive Officer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Danny Passman Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gang Tyre Ramer & Brown, Inc. Attorney	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Abhilash Patel Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lotus Capital Venture Capitalist	\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1664 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Sejal Patel New York, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bates Group Director	\$1,000.00	\$0.00	2018P: \$0.00
10/18/2017	Sejal Patel New York, NY 10017 Memo Reference: INC4698	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bates Group Director	(\$1,000.00)	\$0.00	2018P: \$0.00
11/12/2017	Vicky Patel Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1665 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Terry Patrick Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terry Patrick Farmer	\$100.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Terry Patrick Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terry Patrick Farmer	\$100.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Terry Patrick Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terry Patrick Farmer	\$100.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1666</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Terry Patrick Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terry Patrick Farmer	\$100.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Terry Patrick Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terry Patrick Farmer	\$100.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1667 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Terry Patrick Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terry Patrick Farmer	\$100.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Nick Patronik San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Verb Surgical Engineering Manager	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/6/2017	Amie Patterson Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amie Patterson Computer Consultant	\$100.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1668</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Amie Patterson Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amie Patterson Computer Consultant	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Laeres Patton San Jose, CA 95134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zipcar Sales	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1669 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Laeres Patton San Jose, CA 95134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zipcar Sales	\$75.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Charles Paul Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Centerview Partners Investment Banker	\$1,000.00	\$2,000.00	2018P: \$29,200.00 2018G: \$29,200.00
11/30/2017	Charles Paul Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Centerview Partners Investment Banker	\$1,000.00	\$2,000.00	2018P: \$29,200.00 2018G: \$29,200.00
8/31/2017	Christine Paul Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1670 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Christine Paul Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Christine Paul Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1671 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Christine Paul Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Christine Paul Fresno, CA 93727	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Dan Paul San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apex Systems Business Systems Analyst	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through		12/31/2017
		Page 1672 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Dan Paul San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apex Systems Business Systems Analyst	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Dan Paul San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apex Systems Business Systems Analyst	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1673</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2017	Dan Paul San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apex Systems Business Systems Analyst	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Dan Paul San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apex Systems Business Systems Analyst	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Dan Paul San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apex Systems Business Systems Analyst	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1674</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Gayle Paul Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Gayle Paul Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1675 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Susan Paulos Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doug Fregolle Promotions Account Manager	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Bonnie Paulson Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Meals on Wheels Staff	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Susan Payette Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Digital Networks Group Divisional Controller	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1676</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Susan Payette Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Digital Networks Group Divisional Controller	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Monica Payne Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Pacific Medical Center Registered Nurse	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1677 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2017	Monica Payne Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Pacific Medical Center Registered Nurse	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Monica Payne Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Pacific Medical Center Registered Nurse	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Monica Payne Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Pacific Medical Center Registered Nurse	\$25.00	\$200.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1678 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Monica Payne Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Pacific Medical Center Registered Nurse	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Monica Payne Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Pacific Medical Center Registered Nurse	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1679 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	Scott Payne Chapel Hill, NC 27514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scott Payne Sales Agent	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Mary Pea San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nimble Storage, Inc. Staff Information Developer	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Mary Pea San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nimble Storage, Inc. Staff Information Developer	\$50.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1680</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Mary Pea San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nimble Storage, Inc. Staff Information Developer	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Mary Pea San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nimble Storage, Inc. Staff Information Developer	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1681 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Christine Pearc Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fume Bistro General Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Christine Pearc Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fume Bistro General Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Christine Pearc Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fume Bistro General Manager	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1682</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Christine Pearc Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fume Bistro General Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Alison Pearson Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C Magazine Fashion Director	\$100.00	\$1,550.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1683 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	Alison Pearson Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C Magazine Fashion Director	\$50.00	\$1,550.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Alison Pearson Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C Magazine Fashion Director	\$50.00	\$1,550.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Alison Pearson Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C Magazine Fashion Director	\$50.00	\$1,550.00	2018P: \$1,550.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1684 of 2602
I.D. Number		1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Alison Pearson Sherman Oaks, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C Magazine Fashion Director	\$50.00	\$1,550.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Jes Pedersen Alameda, CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Webcor Builders Executive	\$1,000.00	\$1,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1685 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Thomas Pedersen Santa Monica, CA 90404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Onelogin Chief Technology Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Jos Peijnenburg San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	eBay, Inc. Program Manager	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/14/2017	Christine Pelham Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Securities and Exchange Commission Accountant	\$5.00	\$105.00	2018P: \$105.00

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1686 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Christine Pelham Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Securities and Exchange Commission Accountant	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Christine Pelham Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Securities and Exchange Commission Accountant	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1687 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2017	Christine Pelham Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Securities and Exchange Commission Accountant	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Christine Pelham Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Securities and Exchange Commission Accountant	\$5.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Christine Pelham Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Securities and Exchange Commission Accountant	\$5.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1688</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Alexis Pelosi Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pelosi Law Group Attorney	\$2,000.00	\$3,500.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Laurence Pelosi Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pelosi Law Group Attorney	\$1,000.00	\$7,532.79	2018P: \$10,032.79
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1689 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Laurence Pelosi Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pelosi Law Group Attorney	\$1,000.00	\$7,532.79	2018P: \$10,032.79
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Joseph Pelzman Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miller Children's Subspecialty Group Healthcare	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Joseph Pelzman Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miller Children's Subspecialty Group Healthcare	\$25.00	\$300.00	2018P: \$500.00

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1690</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Joseph Pelzman Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miller Children's Subspeciality Group Healthcare	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Joseph Pelzman Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miller Children's Subspeciality Group Healthcare	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1691 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Joseph Pelzman Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miller Children's Subspeciality Group Healthcare	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Joseph Pelzman Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miller Children's Subspeciality Group Healthcare	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Rick Pendleton Tollhouse, CA 93667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rick Pendleton Designer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1692 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Beth Pennington Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pennington Lawson, LLP Attorney	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/3/2017	Meena Pennington Pasadena, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Meena Pennington Artist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1693 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2017	Meena Pennington Pasadena, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Meena Pennington Artist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Meena Pennington Pasadena, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Meena Pennington Artist	\$25.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Michele Pennington Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Behavioral Services Chief Deputy Public Guardian	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1694 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Angela Penninocurley Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	David Pepper Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa County Physician	\$50.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1695 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	David Pepper Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contra Costa County Physician	\$100.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Mary Pepper Tomas, CA 94971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shoreline Unified Schools Teacher	\$25.00	\$125.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Mary Pepper Tomas, CA 94971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shoreline Unified Schools Teacher	\$25.00	\$125.00	2018P: \$305.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1696</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Mary Pepper Tomales, CA 94971	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shoreline Unified Schools Teacher	\$25.00	\$125.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Pepsico Inc. and Affiliated Entities Purchase, NY 10577	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$4,284.82	2018P: \$4,284.82
9/27/2017	Langley Perer West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mosaic Literary Manager/Producer	\$200.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1697 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Adriana Perez Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Awesome Smile Dental Office Manager	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Drew Perkins Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tectus Corporation Entrepreneur	\$2,700.00	\$2,700.00	2018P: \$2,700.00
7/16/2017	Lewis Perkins Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cradle to Cradle Institute President	\$35.00	\$350.00	2018P: \$1,095.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1698</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Lewis Perkins Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cradle to Cradle Institute President	\$35.00	\$350.00	2018P: \$1,095.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Lewis Perkins Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cradle to Cradle Institute President	\$35.00	\$350.00	2018P: \$1,095.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1699 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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12/16/2017	Lewis Perkins Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cradle to Cradle Institute President	\$35.00	\$350.00	2018P: \$1,095.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Sonja Perkins San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not employed	\$500.00	\$500.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Elva Pero Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$185.00	2018P: \$290.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1700</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Elva Pero Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$185.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Elva Pero Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$185.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1701 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Elva Pero Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$185.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Robert Perrin Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$2,000.00
10/31/2017	Steve Perry San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Perry Architects, Inc. Architect	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1702 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2017	Timothy Perry Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WilmerHale Attorney	\$1,000.00	\$2,000.00	2018P: \$2,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Personal Insurance Federation of California Agents & Employees PAC Sacramento, CA 95814 Committee ID: 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,200.00	\$13,050.00	2018P: \$23,050.00
12/30/2017	Personal Insurance Federation of California Agents & Employees PAC Sacramento, CA 95814 Committee ID: 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,850.00	\$13,050.00	2018P: \$23,050.00
7/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1703</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1704</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1705 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1706 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Linda Petek Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Gate Regional Center Social Worker	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Jeff Peterson Cerritos, CA 90703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1707</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Mary Beth Peterson Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Beth Peterson Cosmetic Executive	\$50.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Mary Beth Peterson Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Beth Peterson Cosmetic Executive	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1708 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/4/2017	Roger Peterson Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$147.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Roger Peterson Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$147.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Roger Peterson Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$135.00	2018P: \$147.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1709</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Roger Peterson Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$147.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Roger Peterson Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$147.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1710</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2017	Roger Peterson Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$147.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Roger Peterson Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$147.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Mary Ann Petro Inverness, CA 94937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$235.00	2018P: \$360.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1711</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Mary Ann Petro Inverness, CA 94937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$235.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Damir Pevec Santa Barbara, CA 93109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MPII, Inc. Real Estate Developer	\$100.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1712 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2017	Jeff Pfeifer Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeff Pfeifer Composer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Janie Philbrick Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Philbrick Design and Consulting Consultant	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Janie Philbrick Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Philbrick Design and Consulting Consultant	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1713</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Janie Philbrick Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Philbrick Design and Consulting Consultant	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Janie Philbrick Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Philbrick Design and Consulting Consultant	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1714 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Janie Philbrick Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Philbrick Design and Consulting Consultant	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Janie Philbrick Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	J. Philbrick Design and Consulting Consultant	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	James Phillips Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1715</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	James Phillips Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Julien Phillips Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1716 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Nicholas Picard San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. Director of Information Technology	\$100.00	\$600.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Terri Picazo Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palo Alto Medical Foundation Registered Nurse	\$20.00	\$180.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Terri Picazo Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palo Alto Medical Foundation Registered Nurse	\$20.00	\$180.00	2018P: \$205.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1717</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Terri Picazo Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palo Alto Medical Foundation Registered Nurse	\$20.00	\$180.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Garfield Pickell Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garfield Pickell Physician	\$100.00	\$100.00	2018P: \$100.00
11/22/2017	Thomas Pier San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas Pier Attorney	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1718 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/2017	Julie Pierce Clayton, CA 94517	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Clayton Council Member	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Nancy Pike Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Nancy Pike Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$525.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1719 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Nancy Pike Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Nancy Pike Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1720</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Nancy Pike Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Nancy Pike Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Christopher Pilafian Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Santa Barbara Artist/Educator	\$10.00	\$110.00	2018P: \$260.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1721</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Christopher Pilafian Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Santa Barbara Artist/Educator	\$20.00	\$110.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Christopher Pilafian Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Santa Barbara Artist/Educator	\$20.00	\$110.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1722</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Christopher Pilafian Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Santa Barbara Artist/Educator	\$15.00	\$110.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Craig Piligian Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilgrim Studios Chief Executive Officer/President	\$29,200.00	\$29,200.00	2018P: \$29,200.00
10/12/2017	Cynthia Pillsbury Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cynthia Pillsbury Marketing	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1723 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Jeff Pilson Newhall, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeff Pilson Musician	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Steve Pimentel San Jose, CA 95111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$250.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Mary Jo Pincock-Frey Scottsdale, AZ 85251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1724</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Robert Pinnix San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	March of Dimes Executive Director	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Davide Pio Hercules, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brack Capital Real Estate Real Estate Broker & Investor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1725</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Renvy Pittman Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Renvy Pittman Designer	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	John Pitts Long Beach, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pyramid Backline Rentals Owner	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	John Pitts Long Beach, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pyramid Backline Rentals Owner	\$25.00	\$110.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1726 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Christina Pizarro Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California West Group Chief Operating Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Laurel Place Manteca, CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Boyd Brokerage Owner	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1727</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Debra Plattr Rialto, CA 92376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Quest Diagnostics Logistics Supervisor	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Plum Healthcare Group, LLC San Marcos, CA 92069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$7,500.00	2018P: \$7,500.00
7/1/2017	Darlene Plumtree San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Maritime National Park Association Development Director	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1728</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Darlene Plumtree San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Maritime National Park Association Development Director	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Darlene Plumtree San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Maritime National Park Association Development Director	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Darlene Plumtree San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Maritime National Park Association Development Director	\$25.00	\$300.00	2018P: \$450.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1729</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Darlene Plumtree San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Maritime National Park Association Development Director	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Darlene Plumtree San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Maritime National Park Association Development Director	\$25.00	\$300.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1730</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2017	Alyson Podell Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Leslie Podell San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Julianne Polanco Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Director	\$25.00	\$525.00	2018P: \$525.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1731 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Julianne Polanco Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Director	\$500.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Bill R. Poland San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay West Group Real Estate Investor/Developer	\$20,000.00	\$20,000.00	2018P: \$20,000.00
10/3/2017	Michael Polentz Palo Alto, Ca 94304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manatt Phelps Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1732</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Michael Polentz Palo Alto, Ca 94304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manatt Phelps Attorney	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Neal Polister Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grove Technical Resources Sales/Owner	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1733 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2017	Leslie Pollner Bethesda, MD 20816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holland & Knight Lobbyist	\$1,000.00	\$1,000.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Victor Polverino Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Jose Firefighter	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Arnold Pomerantz Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1734</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Frank Pond Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pond North, LLP Attorney	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Denise Poniachik Vista, CA 92084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Poniachik Denise Physician	\$50.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1735 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Denise Poniachik Vista, CA 92084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Poniachik Denise Physician	\$50.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Bill Porter Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bill Porter Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Brian Posehn Los Angeles, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brian Posehn Comedian/Writer	\$100.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1736</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Brian Posehn Los Angeles, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brian Posehn Comedian/Writer	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Myly Posse Belmont, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Genentech, Inc. Bus Communication	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1737 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/7/2017	Jason Post Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Post Investment Group Investment Professional	\$10,000.00	\$20,000.00	2018P: \$29,200.00 2018G: \$15,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Betsey Potter North Hollywood, CA 91605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entertainment Partners Designer	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Betsey Potter North Hollywood, CA 91605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entertainment Partners Designer	\$20.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1738 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Babak Poushanchi San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cota Capital Finance	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Sam Powers Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Professional Educator/TV Producer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1739 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Patricia Powley Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Addison Group Recruiter	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Kirith Prady Toluca Lake, CA 91602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Marlin Prager Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zag Chief Financial Officer	\$10,000.00	\$15,000.00	2018P: \$15,000.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1740</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Kara Prentice Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coupa Manager	\$100.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Kara Prentice Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coupa Manager	\$100.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1741</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Kara Prentice Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coupa Manager	\$100.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Kara Prentice Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coupa Manager	\$100.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Kara Prentice Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coupa Manager	\$100.00	\$1,200.00	2018P: \$1,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1742</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Kara Prentice Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coupa Manager	\$100.00	\$1,200.00	2018P: \$1,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Jim Prevo Marshall, IL 62441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1743 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Angela Price Valley Village, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Price Landscape Designer	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Angela Price Valley Village, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Price Landscape Designer	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Angela Price Valley Village, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Price Landscape Designer	\$50.00	\$600.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1744</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Angela Price Valley Village, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Price Landscape Designer	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Angela Price Valley Village, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Price Landscape Designer	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1745 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Angela Price Valley Village, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Angela Price Landscape Designer	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Glen Price Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glen Price Attorney	\$200.00	\$300.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Glen Price Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glen Price Attorney	\$100.00	\$300.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1746 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/2017	Howard Price San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Juniper Networks Marketing	\$100.00	\$200.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Nancy Price San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Price Career Counselor	\$100.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Nancy Price San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nancy Price Career Counselor	\$5.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1747 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Robert Price Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Robert Price Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1748</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Robert Price La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Price Group Chief Executive Officer	\$25,000.00	\$25,000.00	2018P: \$25,000.00
9/30/2017	Robert Price Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Robert Price Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1749 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Robert Price Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Robert Price Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Charles Prince San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Prince Musician	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1750 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Charles Prince San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Prince Musician	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Lisa Pritzker San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$5,500.00	2018P: \$29,200.00 2018G: \$28,800.00
7/11/2017	James Proffitt McCloud, CA 96057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McCloud Healthcare Clinic Chief Financial Officer/Deputy Chief Executive Officer	\$10.00	\$120.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1751 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	James Proffitt McCloud, CA 96057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McCloud Healthcare Clinic Chief Financial Officer/Deputy Chief Executive Officer	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	James Proffitt McCloud, CA 96057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McCloud Healthcare Clinic Chief Financial Officer/Deputy Chief Executive Officer	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1752 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	James Proffitt McCloud, CA 96057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McCloud Healthcare Clinic Chief Financial Officer/Deputy Chief Executive Officer	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	James Proffitt McCloud, CA 96057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McCloud Healthcare Clinic Chief Financial Officer/Deputy Chief Executive Officer	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	James Proffitt McCloud, CA 96057	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	McCloud Healthcare Clinic Chief Financial Officer/Deputy Chief Executive Officer	\$10.00	\$120.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1753</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Providence Group Management Sterling Healthcare, Inc. Farmington, UT 84025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
10/4/2017	Zach Prowda Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BAR Architects Architect	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Peter D. Prowitt Arlington, VA 22207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GE Aviation Executive Director of Global Government	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1754</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2017	John Purlee Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abbott Director	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	John Purlee Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abbott Director	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	John Purvis Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trive Capital Executive	\$100.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1755 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	John Purvis Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trive Capital Executive	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Kent Putnam Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Putnam Automotive Auto Dealer	\$500.00	\$1,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1756 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Kent Putnam Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Putnam Automotive Auto Dealer	\$500.00	\$1,000.00	2018P: \$9,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Carolyn Putney Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Timber & Salt Designer	\$250.00	\$750.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Thu Quach Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asian Health Services Director/ Community Health & Research	\$600.00	\$600.00	2018P: \$600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1757</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Margaret Quattrin San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$1,000.00	\$1,000.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Paul Quesnell Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$160.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Paul Quesnell Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$160.00	2018P: \$165.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1758</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Kevin Quetano San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple Management	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Christina Quezada San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Paralegal	\$50.00	\$160.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1759 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Christina Quezada San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Paralegal	\$10.00	\$160.00	2018P: \$210.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Emily Quinn San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Emily Quinn Entrepreneur	\$500.00	\$500.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Thomas B. Quinn River Forest, IL 60305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riley Safer Holmes & Cancila Attorney	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1760</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Mary Quisenberry San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Save the Redwoods League Controller	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Mary Quisenberry San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Save the Redwoods League Controller	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Mary Quisenberry San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Save the Redwoods League Controller	\$25.00	\$225.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1761</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Mary Quisenberry San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Save the Redwoods League Controller	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Mary Quisenberry San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Save the Redwoods League Controller	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1762</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Mary Quisenberry San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Save the Redwoods League Controller	\$25.00	\$225.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	RAF Investments San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$10,000.00	2018P: \$20,000.00
7/16/2017	Abeer Rafidi San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abeer Rafidi Managing Director	\$400.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1763 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/2017	Abeer Rafidi San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abeer Rafidi Managing Director	\$50.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Abeer Rafidi San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abeer Rafidi Managing Director	\$50.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Abeer Rafidi San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abeer Rafidi Managing Director	\$50.00	\$700.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1764</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Abeer Rafidi San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abeer Rafidi Managing Director	\$50.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Abeer Rafidi San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abeer Rafidi Managing Director	\$50.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1765 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/24/2017	Abeer Rafidi San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abeer Rafidi Managing Director	\$50.00	\$700.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Elbina Rafizadeh Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California State University, East Bay University Adjunct Lecturer	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Elbina Rafizadeh Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California State University, East Bay University Adjunct Lecturer	\$25.00	\$250.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1766</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Jennifer Rainin Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kenneth Rainin Foundation Philanthropist	\$5,000.00	\$10,000.00	2018P: \$13,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Ananthakrishna Ramesh Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Engineer	\$50.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1767 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Ananthakrishna Ramesh Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Engineer	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Sam Ramirez San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Continental Bar, Lounge & Patio Partner	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Alexis Ramos Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sotheby's Real Estate	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1768 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Alfred Ramos Brisbane, CA 94005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alfred Ramos Craftsman	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	John Ramsbacher San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oryx Partners, LLC Developer	\$25.00	\$325.00	2018P: \$905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1769</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2017	John Ramsbacher San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oryx Partners, LLC Developer	\$25.00	\$325.00	2018P: \$905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	John Ramsbacher San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oryx Partners, LLC Developer	\$25.00	\$325.00	2018P: \$905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	John Ramsbacher San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oryx Partners, LLC Developer	\$25.00	\$325.00	2018P: \$905.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1770</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	John Ramsbacher San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oryx Partners, LLC Developer	\$25.00	\$325.00	2018P: \$905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	John Ramsbacher San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oryx Partners, LLC Developer	\$25.00	\$325.00	2018P: \$905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1771 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Lauren Ramsey San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Union Realtor	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Sanjay Ranchod Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tesla, Inc. Attorney	\$1,000.00	\$1,350.00	2018P: \$1,350.00
10/2/2017	Vincent Rangel Des Plaines, IL 60018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1772 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Rangram Chandran MD, Inc. Modesto, CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
11/27/2017	Sandra Z. Rapke Woodland Hills, CA 91364	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sandra Z. Rapke Actress	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/9/2017	Suneel Ratan San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suneel Ratan Consultant	\$25.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Suneel Ratan San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suneel Ratan Consultant	\$25.00	\$500.00	2018P: \$1,100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1773</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/9/2017	Suneel Ratan San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suneel Ratan Consultant	\$25.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Suneel Ratan San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suneel Ratan Consultant	\$25.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1774</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Suneel Ratan San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suneel Ratan Consultant	\$25.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Suneel Ratan San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suneel Ratan Consultant	\$25.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Jennifer Ratcliffe Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Ratcliffe Physician	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1775</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Ari Ratner Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Inside Revolution Founder & Chief Executive Officer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Amy Rattner Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Rattner Artist	\$100.00	\$425.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1776 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Amy Rattner Woodside, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Rattner Artist	\$25.00	\$425.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Tina Rau San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Parcel Service Sales Manager	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Tina Rau San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Parcel Service Sales Manager	\$25.00	\$300.00	2018P: \$425.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1777</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Tina Rau San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Parcel Service Sales Manager	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/15/2017	Tina Rau San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Parcel Service Sales Manager	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1778 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Tina Rau San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Parcel Service Sales Manager	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Tina Rau San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Parcel Service Sales Manager	\$25.00	\$300.00	2018P: \$425.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Prarthana Rawal Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1779 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Charles Read Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins, LLP Attorney	\$3,000.00	\$8,000.00	2018P: \$8,000.00
9/28/2017	David Read Ahwahnee, CA 93601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	James Reagan Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1780</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	James Reagan Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	James Reagan Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	James Reagan Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$260.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1781</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	James Reagan Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	James Reagan Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1782</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Barbara Reasoner Pleasanton, CA 94588	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Red Dipper, LLC San Francisco, CA 94124	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
10/11/2017	Chris Redlitz San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transmedia Capital Venture Capital	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1783</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Don C. Reed Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Americans for Cures Foundation Stem Cell Advocate	\$100.00	\$100.00	2018P: \$135.00
10/16/2017	Mary Reed Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Mary Reed Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1784</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	William Reed San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Janet Reel Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Janet Reel Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1785</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Janet Reel Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Janet Reel Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1786</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Kathryn Reeves Mountain Center, CA 92561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Kathryn Reeves Mountain Center, CA 92561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Kathryn Reeves Mountain Center, CA 92561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1787</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Jane Regan Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gilmans Kitchens and Baths Designer	\$25.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jane Regan Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gilmans Kitchens and Baths Designer	\$25.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1788</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Jane Regan Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gilmans Kitchens and Baths Designer	\$25.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Jane Regan Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gilmans Kitchens and Baths Designer	\$25.00	\$150.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Jane Regan Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gilmans Kitchens and Baths Designer	\$25.00	\$150.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1789</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Seema Rego San Diego, CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Illumina Scientist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Joseph Rehrmann San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stomper Company, Inc. Contractor	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1790 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	John Reichmuth Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Courts Public Defender	\$250.00	\$250.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Jerome Reid San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Clinton Thomas Reilly San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clinton Thomas Reilly Real Estate Owner	\$28,200.00	\$29,200.00	2018P: \$29,200.00 2018G: \$28,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1791 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26/2017	Clinton Thomas Reilly San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clinton Thomas Reilly Real Estate Owner	\$1,000.00	\$29,200.00	2018P: \$29,200.00 2018G: \$28,200.00
12/31/2017	Shane Reilly Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kiwi Vice President	\$250.00	\$250.00	2018P: \$250.00
10/16/2017	Stasia Reisfield San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stasia Reisfield Real Estate Investor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Sally Rench Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$455.00	2018P: \$455.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1792</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Gordon Renneisen San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cornerstone Law Group Attorney	\$250.00	\$250.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Republic Urban Properties, LLC and Affiliated Entities San Jose, CA 95113	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/26/2017	Glenn Rescalvo Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Handel Architects Architect	\$250.00	\$250.00	2018P: \$750.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1793</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Edward Reyes Scotts Valley, CA 95067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edward Reyes Property Developer	\$100.00	\$700.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Edward Reyes Scotts Valley, CA 95067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edward Reyes Property Developer	\$100.00	\$700.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1794</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2017	Edward Reyes Scotts Valley, CA 95067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edward Reyes Property Developer	\$100.00	\$700.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Edward Reyes Scotts Valley, CA 95067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edward Reyes Property Developer	\$100.00	\$700.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Edward Reyes Scotts Valley, CA 95067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edward Reyes Property Developer	\$100.00	\$700.00	2018P: \$1,450.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1795</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Edward Reyes Scotts Valley, CA 95067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edward Reyes Property Developer	\$100.00	\$700.00	2018P: \$1,450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Justin Reyes East Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Information Technology Systems Analyst	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1796</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/2/2017	Justin Reyes East Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Information Technology Systems Analyst	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Justin Reyes East Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Information Technology Systems Analyst	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Rob Rhinehart Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Soylent Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1797 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Igor Rianovia Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stampede Post Productions Media Professional	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/23/2017	Theresa Ribeiro Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1798 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/23/2017	Theresa Ribeiro Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Theresa Ribeiro Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Theresa Ribeiro Hayward, CA 94542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1799</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Julie Rice San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cleave Biosciences Scientist	\$25.00	\$125.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Julie Rice San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cleave Biosciences Scientist	\$25.00	\$125.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1800</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Kimberly Richard Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	In-Home Supportive Services Caregiver	\$100.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Richard A. Fiore Property Management San Francisco, CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$10,000.00	2018P: \$20,000.00
10/31/2017	Ann Richardson Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Attorney	\$100.00	\$100.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1801</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2017	Judith Richardson Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Judith Richardson Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Judith Richardson Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1802</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Linda Richardson Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Linda Fadeke Richardson San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADR Continental Group Chief Executive Officer	\$50.00	\$850.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1803 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Linda Fadeke Richardson San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADR Continental Group Chief Executive Officer	\$50.00	\$850.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Linda Fadeke Richardson San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADR Continental Group Chief Executive Officer	\$50.00	\$850.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Linda Fadeke Richardson San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADR Continental Group Chief Executive Officer	\$50.00	\$850.00	2018P: \$2,250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1804 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Linda Fadeke Richardson San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADR Continental Group Chief Executive Officer	\$50.00	\$850.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Linda Fadeke Richardson San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADR Continental Group Chief Executive Officer	\$50.00	\$850.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1805</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Adeline Richert San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Adeline Richert San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Adeline Richert San Jose, CA 95118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1806</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Bryan Richter Los Gatos, CA 95033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broadcom Engineer	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	James Riddel San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Nurse Practitioner	\$25.00	\$125.00	2018P: \$125.00
11/22/2017	James Riddel San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Nurse Practitioner	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1807 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	James Riddel San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Nurse Practitioner	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	James Riddel San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Nurse Practitioner	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1808 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	James Riddel San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Nurse Practitioner	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Mary Ann Rider Sacramento, CA 95821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Renee Ridgeley Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1809</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	James Ridgway Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Gas and Electric Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Gail Rieg San Jose, CA 94126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gail Rieg Apiarist	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1810</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2017	Gail Rieg San Jose, CA 94126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gail Rieg Apiarist	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Gail Rieg San Jose, CA 94126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gail Rieg Apiarist	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Gail Rieg San Jose, CA 94126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gail Rieg Apiarist	\$25.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1811 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Gail Rieg San Jose, CA 94126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gail Rieg Apiarist	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Gail Rieg San Jose, CA 94126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gail Rieg Apiarist	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1812</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/14/2017	Lillian Riesenfeld Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lillian Riesenfeld Wellness Consultant	\$2,000.00	\$2,000.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Brandon Riley Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandon Riley Public Administration	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Suzanne Riley Folsom, CA 95630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1813</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Suzanne Riley Folsom, CA 95630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Suzanne Riley Folsom, CA 95630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1814</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Lauren Rilliet San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Lauren Rilliet San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Lauren Rilliet San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1815</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Robert Ripps San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Ripps Writer	\$100.00	\$200.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Jim Rishwain West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pillsbury Shaw Pittman, LLC Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1816</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Matthew Rising Los Angeles, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Swell Energy Owner	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Carolyn Risling Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,000.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Carolyn Risling Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,000.00	2018P: \$2,250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1817 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Carolyn Risling Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,000.00	2018P: \$2,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Edwin Rivera Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regal Medical Group Vice President	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1818 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2017	Edwin Rivera Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regal Medical Group Vice President	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Edwin Rivera Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regal Medical Group Vice President	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Edwin Rivera Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regal Medical Group Vice President	\$10.00	\$120.00	2018P: \$310.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1819 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Edwin Rivera Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regal Medical Group Vice President	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Edwin Rivera Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regal Medical Group Vice President	\$10.00	\$120.00	2018P: \$310.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1820 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Michael Rivera Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	6th Street Investments, LLC Director	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Liz Robbins New York, NY 10165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Liz Robbins Government Affairs Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Richard K. Robbins San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wareham Development Founder	\$15,000.00	\$15,000.00	2018P: \$15,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1821 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/2017	Kimberly Roberts Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Kimberly Roberts Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Kimberly Roberts Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1822</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Kimberly Roberts Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Kimberly Roberts Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1823 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Kimberly Roberts Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Mariah Roberts Santa Clara, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design for Community Teacher/Designer	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Mariah Roberts Santa Clara, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design for Community Teacher/Designer	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1824 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Mariah Roberts Santa Clara, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design for Community Teacher/Designer	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Mariah Roberts Santa Clara, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design for Community Teacher/Designer	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1825 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Mariah Roberts Santa Clara, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design for Community Teacher/Designer	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Mariah Roberts Santa Clara, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design for Community Teacher/Designer	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Cara Robertson Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cara Robertson Writer/Attorney	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1826 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Chip Robertson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chip Robertson Attorney	\$1,000.00	\$12,000.00	2018P: \$13,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Chip Robertson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chip Robertson Attorney	\$1,000.00	\$12,000.00	2018P: \$13,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Chip Robertson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chip Robertson Attorney	\$2,000.00	\$12,000.00	2018P: \$13,500.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1827 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Chip Robertson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chip Robertson Attorney	\$2,000.00	\$12,000.00	2018P: \$13,500.00
12/15/2017	Chip Robertson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chip Robertson Attorney	\$500.00	\$12,000.00	2018P: \$13,500.00
8/8/2017	Delphine Robertson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1828 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Delphine Robertson Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Delphine Robertson Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Eliza Robertson Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eliza Robertson Writer/Homemaker	\$25.00	\$160.00	2018P: \$390.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1829 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Eliza Robertson Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eliza Robertson Writer/Homemaker	\$25.00	\$160.00	2018P: \$390.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Eliza Robertson Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eliza Robertson Writer/Homemaker	\$25.00	\$160.00	2018P: \$390.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1830</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2017	Lorrie Robertson Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Manager	\$25.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Lorrie Robertson Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Manager	\$25.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Lorrie Robertson Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Manager	\$25.00	\$350.00	2018P: \$575.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1831</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Lorrie Robertson Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Manager	\$25.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Lorrie Robertson Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Manager	\$25.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1832</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Lorrie Robertson Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Manager	\$25.00	\$350.00	2018P: \$575.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Nick Robertson Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nick Robertson Antique Sales	\$25.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Nick Robertson Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nick Robertson Antique Sales	\$25.00	\$150.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1833 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Nick Robertson Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nick Robertson Antique Sales	\$25.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Nick Robertson Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nick Robertson Antique Sales	\$25.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1834</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Patricia Robertson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Physician	\$250.00	\$1,000.00	2018P: \$1,625.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Sandy Robertson Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Santa Barbara Director of Development	\$250.00	\$250.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Robertson Management Company, LLC Santa Monica, CA 90401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1835</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Robertson's Corona, CA 92882	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
12/5/2017	Brian Robinson Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Universal Pictures Executive Vice President	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Daniel Robinson Rancho Cucamonga, CA 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Western University of Health Science Professor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1836</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Daniel Robinson Newport Beach, CA 92657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robinson Firm Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	James Robinson San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$800.00	2018P: \$2,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	James Robinson San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$800.00	2018P: \$2,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1837</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	James Robinson San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$800.00	2018P: \$2,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Karyn Robinson Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karyn Robinson Research Psychologist	\$50.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1838 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Karyn Robinson Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karyn Robinson Research Psychologist	\$25.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Lewis Robinson Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Lewis Robinson Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1839</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Lewis Robinson Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Lewis Robinson Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1840</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Lewis Robinson Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Malcolm Robinson San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Dennis Robles Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City and County of San Francisco Social Worker	\$25.00	\$325.00	2018P: \$375.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1841</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Dennis Robles Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City and County of San Francisco Social Worker	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Dennis Robles Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City and County of San Francisco Social Worker	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1842 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2017	Dennis Robles Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City and County of San Francisco Social Worker	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Dennis Robles Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City and County of San Francisco Social Worker	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Dennis Robles Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City and County of San Francisco Social Worker	\$25.00	\$325.00	2018P: \$375.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1843</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Monique Roblin Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Monique Roblin Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1844</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Monique Roblin Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Monique Roblin Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Monique Roblin Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1845</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Monique Roblin Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Robson Homes, LLC San Jose, CA 95126	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
10/16/2017	Donald Rocha San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Jose Councilmember	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1846 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Leonora Rodkin Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viscira Account Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Leonora Rodkin Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viscira Account Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Leonora Rodkin Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viscira Account Director	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1847</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Leonora Rodkin Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viscira Account Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Leonora Rodkin Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viscira Account Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
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 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1848</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Leonora Rodkin Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viscira Account Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Dennis Rodoni Olema, CA 94950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Marin Supervisor 4th District	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Joe Rodrigues Laytonville, CA 95454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spare Time Supply Truck Driver	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1849</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Joe Rodrigues Laytonville, CA 95454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spare Time Supply Truck Driver	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Joe Rodrigues Laytonville, CA 95454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spare Time Supply Truck Driver	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1850 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2017	Alex Rodriguez Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Alex Rodriguez Santa Rosa, CA 95405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Bryan Rodriguez San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yu-Ai-Kai Human Resources	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1851 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Rene Rodriguez Woodland, WA 98674	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advanced Nutrients Chief Marketing Officer	\$20,000.00	\$20,000.00	2018P: \$20,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Eve Rodsky Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Philanthropy Advisory Group Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1852</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Mark Roe San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Virginia Roe Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Virginia Roe Chiropractor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Claudette Roehrig Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,050.00	2018P: \$1,125.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1853</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Roem Development Corporation Santa Clara, CA 95050	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/27/2017	William Roger Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hellmuth, Obata & Kassabaum, Inc. Architect	\$100.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Gina Rogers Wilton, CA 95693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elk Grove Unified School District Educator	\$50.00	\$650.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1854</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Gina Rogers Wilton, CA 95693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elk Grove Unified School District Educator	\$50.00	\$650.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Gina Rogers Wilton, CA 95693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elk Grove Unified School District Educator	\$50.00	\$650.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1855 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Gina Rogers Wilton, CA 95693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elk Grove Unified School District Educator	\$50.00	\$650.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Gina Rogers Wilton, CA 95693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elk Grove Unified School District Educator	\$50.00	\$650.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Gina Rogers Wilton, CA 95693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elk Grove Unified School District Educator	\$50.00	\$650.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1856</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Cristiana Rojas Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Executive Management	\$10.00	\$200.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Cristiana Rojas Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Executive Management	\$10.00	\$200.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1857</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Cristiana Rojas Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Executive Management	\$50.00	\$200.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Cristiana Rojas Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Executive Management	\$10.00	\$200.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Cristiana Rojas Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Executive Management	\$10.00	\$200.00	2018P: \$395.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1858</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Cristiana Rojas Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Executive Management	\$10.00	\$200.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Cristiana Rojas Sacramento, CA 95822	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Executive Management	\$10.00	\$200.00	2018P: \$395.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1859</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	Diane H. Rolfe Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Dianne Romaine Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Dianne Romaine Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1860 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Dianne Romaine Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Joe Ronan Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Ronan Consultant	\$500.00	\$500.00	2018P: \$500.00
9/21/2017	Laurie Roos Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1861</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/19/2017	Laurie Roos Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Laurie Roos Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1862</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2017	Adina Rose San Pablo, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adina Rose Marriage and Family Therapist	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Danny Rose Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Danny Rose Producer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Sonya Rose Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Butte Community College District Instructor	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1863 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Sonya Rose Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Butte Community College District Instructor	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Sonya Rose Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Butte Community College District Instructor	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1864 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Sonya Rose Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Butte Community College District Instructor	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Sonya Rose Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Butte Community College District Instructor	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Sonya Rose Chico, CA 95973	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Butte Community College District Instructor	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1865 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Susan Rose San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associated Learning & Language Specialists (ALLS), Inc. School Director	\$50.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Susan Rose San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associated Learning & Language Specialists (ALLS), Inc. School Director	\$50.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1866</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Susan Rose San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associated Learning & Language Specialists (ALLS), Inc. School Director	\$50.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Susan Rose San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associated Learning & Language Specialists (ALLS), Inc. School Director	\$50.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Susan Rose San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associated Learning & Language Specialists (ALLS), Inc. School Director	\$50.00	\$450.00	2018P: \$450.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1867</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Michael Rosen Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Julia Rosenberg Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Student	\$25,000.00	\$25,000.00	2018P: \$25,000.00
10/19/2017	Paul Rosenberg New York, NY 10013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Goliath Artists, Inc. Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1868 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Lisa Rosenblum New York, NY 10023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Altice USA Vice Chairman	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Michael Rosenfeld Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Artists Agency Talent Agent	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>1869</u> of <u>2602</u> I.D. Number 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2017	Brian Rosenstein Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keiler Holdings Investor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
10/20/2017	Paul Rosenstiel San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alameda County Advisor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/12/2017	Jeffrey Rosenthal Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Jeffrey Rosenthal Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1870</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Jeffrey Rosenthal Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Jeffrey Rosenthal Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1871 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Jeffrey Rosenthal Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Jeffrey Rosenthal Valley Village, CA 91607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Kyle Rosenthal San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TachTech Chief Executive Officer	\$500.00	\$1,500.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1872</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	Floyd Ross Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Floyd Ross Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1873</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2017	Hilary Ross West Sacramento, CA 95605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$275.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Jeffery Ross Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hawk Hill Group Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Sally Ross San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1874</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Steven Rossi Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Rossi Consultant	\$100.00	\$200.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Steven Rossi Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Rossi Consultant	\$100.00	\$200.00	2018P: \$250.00
7/11/2017	Tracie Rotelli Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Savemart Stores, Inc. Bookkeeper/Clerk	\$25.00	\$315.00	2018P: \$477.50
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1875</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Tracie Rotelli Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Savemart Stores, Inc. Bookkeeper/Clerk	\$15.00	\$315.00	2018P: \$477.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Tracie Rotelli Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Savemart Stores, Inc. Bookkeeper/Clerk	\$25.00	\$315.00	2018P: \$477.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1876</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Tracie Rotelli Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Savemart Stores, Inc. Bookkeeper/Clerk	\$25.00	\$315.00	2018P: \$477.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Tracie Rotelli Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Savemart Stores, Inc. Bookkeeper/Clerk	\$25.00	\$315.00	2018P: \$477.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Tracie Rotelli Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Savemart Stores, Inc. Bookkeeper/Clerk	\$25.00	\$315.00	2018P: \$477.50
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1877</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Tracie Rotelli Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Savemart Stores, Inc. Bookkeeper/Clerk	\$25.00	\$315.00	2018P: \$477.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Michael Rotenberg Burbank, CA 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	3arts Entertainment Manager	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1878</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Anne Roth Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Anne Roth Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Anne Roth Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1879</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Anne Roth Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Chris Roth San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viavi Solutions, Inc. Head of Legal Operations	\$200.00	\$950.00	2018P: \$1,200.00
12/28/2017	Thomas Rothman Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sony Pictures Entertainment Chairman	\$10,000.00	\$25,000.00	2018P: \$25,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1880 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Charles Rothschild Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Lisa Rothstein Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Lisa Rothstein Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1881</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Lisa Rothstein Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	John Roulac Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nutiva Founder	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1882</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Mary Rouleau Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rouleau Orthodontics Office Manager	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Sara Rounsaville Nicasio, CA 94946	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sara Rounsaville Consultant	\$2,000.00	\$2,000.00	2018P: \$2,000.00
7/29/2017	Leslie Ann Rourke Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1883</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Leslie Ann Rourke Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Leslie Ann Rourke Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Leslie Ann Rourke Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1884</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Leslie Ann Rourke Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Pocholo Rous Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1885 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Pocholo Rous Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Pocholo Rous Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Pocholo Rous Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1886 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Audrey Rowe Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Artists Agency Literary Agent	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Rahul Roy Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARC Document Technologies Chief Technology Officer	\$1,100.00	\$6,100.00	2018P: \$11,100.00
11/16/2017	Rahul Roy Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARC Document Technologies Chief Technology Officer	\$5,000.00	\$6,100.00	2018P: \$11,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1887</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Royal Ruby, Inc. Fremont, CA 94538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2018P: \$3,000.00
8/1/2017	Marcia Rubenstein Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Shannon Rubicam Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shannon Rubicam Songwriter	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1888 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Amy Ruf Porterville, CA 93257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Ruf Residential Service Provider	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Amy Ruf Porterville, CA 93257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Ruf Residential Service Provider	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1889 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Santiago Ruiz Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mission Neighborhood Centers, Inc. Executive Director	\$500.00	\$1,500.00	2018P: \$1,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Santiago Ruiz Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mission Neighborhood Centers, Inc. Executive Director	\$500.00	\$1,500.00	2018P: \$1,600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Santiago Ruiz Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mission Neighborhood Centers, Inc. Executive Director	\$500.00	\$1,500.00	2018P: \$1,600.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1890 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Mike Rupe Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockheed Martin Printing	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Mike Rupe Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockheed Martin Printing	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1891</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	Mike Rupe Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockheed Martin Printing	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Mike Rupe Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockheed Martin Printing	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Mike Rupe Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lockheed Martin Printing	\$25.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1892</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Peter Rusch Glendale, CA 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	John Rusconi Los Angeles, CA 90021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Maura Spice and Garlic President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/28/2017	John Ruskey Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$125.00	\$125.00	2018P: \$875.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1893</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Nicole Ruskey Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$125.00	\$125.00	2018P: \$875.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Janelle Russell Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Compensation Insurance Fund Cliams Adjuster	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1894 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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10/16/2017	Jeff Russo Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PT-Kor, Inc. General Manager	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Peter Rutenberg Marina Del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peter Rutenberg Music Producer	\$250.00	\$500.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	John Ryan Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Three Point Capital Advertising President	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1895</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Rickianne Rycraft Menifee, CA 92584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mt. San Jacinto College Professor	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Rickianne Rycraft Menifee, CA 92584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mt. San Jacinto College Professor	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1896 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Rickianne Rycraft Menifee, CA 92584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mt. San Jacinto College Professor	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Rickianne Rycraft Menifee, CA 92584	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mt. San Jacinto College Professor	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	David Rynda San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rynda's #1 Insurance Owner	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1897 of 2602
I.D. Number		1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Marvin Sabado San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Service Agency of Mountain View Los Altos & Los Altos Hills Accountant	\$35.00	\$210.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Marvin Sabado San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Service Agency of Mountain View Los Altos & Los Altos Hills Accountant	\$35.00	\$210.00	2018P: \$330.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1898</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2017	Mark Saberi Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Griffin Consulting, Inc. Chief Executive Officer	\$500.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Mark Saberi Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Griffin Consulting, Inc. Chief Executive Officer	\$1,500.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	David O. Sacks San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David O. Sacks Entrepreneur/Investor	\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1899</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/7/2017	David O. Sacks San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David O. Sacks Entrepreneur/Investor	\$29,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
9/28/2017	Wendy Sadeh San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CleanFund Software Engineer	\$100.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Thomas Safran Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas Safran & Associates Chairman	\$10,000.00	\$15,000.00	2018P: \$20,250.00
11/28/2017	Loring Sagan San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUILD Principal, Director of Investments	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1900</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Sandra Sahlman Olympic Valley, CA 96146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Simi Sahota San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Klarity FX, Inc. Office Manager	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1901 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2017	Peggy Saika Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$5.00	\$105.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$25.00	\$105.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1902 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$5.00	\$105.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$5.00	\$105.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1903 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$25.00	\$105.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$5.00	\$105.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$5.00	\$105.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1904</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Elodie Salas Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin County Senior Office Assistant	\$5.00	\$105.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	David Saldivar Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CRE Property Management Property Manager	\$100.00	\$300.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1905</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	David Saldivar Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CRE Property Management Property Manager	\$100.00	\$300.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Hormoz Saleh Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morgan Stanley Senior Vice President	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Thesia Saleh San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Bay Ventures Owner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 1906 of 2602

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I.D. Number  
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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Shipley Salewski San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KIPP Bay Area Consultant	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Shipley Salewski San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KIPP Bay Area Consultant	\$500.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1907 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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7/11/2017	Nathalie Salles San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abundant Strategies Executive Coach	\$25.00	\$225.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Nathalie Salles San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abundant Strategies Executive Coach	\$25.00	\$225.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Nathalie Salles San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Abundant Strategies Executive Coach	\$25.00	\$225.00	2018P: \$300.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1908</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Debra Sally Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clearlake Veterinary Clinic Veterinarian	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Debra Sally Clearlake, CA 95422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clearlake Veterinary Clinic Veterinarian	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1909</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Rajneesh Salwan Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rajneesh Salwan Veterinarian	\$20,000.00	\$20,000.00	2018P: \$20,000.00
7/29/2017	Linda Samaniego San Lorenzo, CA 94580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Linda Samaniego Certified Public Accountant	\$25.00	\$425.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Linda Samaniego San Lorenzo, CA 94580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Linda Samaniego Certified Public Accountant	\$25.00	\$425.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1910 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michelle Sampson Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orthohealing Center Marketing	\$1,000.00	\$1,500.00	2018P: \$1,500.00
12/19/2017	Naranjan S. Samra Modesto, CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$500.00	\$500.00	2018P: \$500.00
12/6/2017	Stephen Samuel Baldwin Park, CA 91706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Good Health, Inc. Chief Executive Officer	\$29,200.00	\$29,200.00	2018P: \$29,200.00
11/15/2017	San Antonio Market San Jose, CA 95116	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2018P: \$250.00
12/1/2017	San Francisco Fire Fighters PAC San Francisco, CA 94103 Committee ID: 810802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$20,500.00	2018P: \$22,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1911</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	San Francisco Fire Fighters PAC San Francisco, CA 94103 Committee ID: 810802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$20,500.00	2018P: \$22,000.00
9/30/2017	Dominique Sanchez Orange, CA 92869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Dominique Sanchez Orange, CA 92869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1912</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/21/2017	Dominique Sanchez Orange, CA 92869	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Florinda Sanchez Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$75.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Florinda Sanchez Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1913</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Manuel Sanchez Lisle, IL 60532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sanchez Daniels & Hoffman Founder/Managing Partner	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/28/2017	David Walter Sanders Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cyber CSI Chief Executive Officer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
12/16/2017	Roger Sanders San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roger Sanders Radiologist	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1914</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2017	Vee Sandhu San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Box Director	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Michael Sandoval Solana Beach, CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Matty M. Sandoval Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Shelley Sandusky San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Habeas Corpus Resource Center Attorney	\$25.00	\$300.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1915</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Shelley Sandusky San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Habeas Corpus Resource Center Attorney	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Shelley Sandusky San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Habeas Corpus Resource Center Attorney	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1916</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Shelley Sandusky San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Habeas Corpus Resource Center Attorney	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Shelley Sandusky San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Habeas Corpus Resource Center Attorney	\$25.00	\$300.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Shelley Sandusky San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Habeas Corpus Resource Center Attorney	\$25.00	\$300.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1917 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	John Sanger San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sanger Real Estate, Inc. Founder	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Roger Sant Washington, DC 20007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$6,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1918 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/2017	Victoria Sant Washington, DC 20007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Summit Foundation President	\$1,000.00	\$1,000.00	2018P: \$6,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Joanne Santa Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Woodlands Market Buyer	\$25.00	\$102.50	2018P: \$252.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Susan Santy Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carmel Magazine Sales	\$50.00	\$260.00	2018P: \$410.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1919</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Susan Santy Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carmel Magazine Sales	\$50.00	\$260.00	2018P: \$410.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Susan Santy Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carmel Magazine Sales	\$50.00	\$260.00	2018P: \$410.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1920 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2017	Susan Santy Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carmel Magazine Sales	\$35.00	\$260.00	2018P: \$410.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Dcady Sarahchild Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/25/2017	Dcady Sarahchild Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1921</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Dcady Sarahchild Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Dcady Sarahchild Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1922 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/25/2017	Dcady Sarahchild Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Dcady Sarahchild Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Ted Sarandos, Jr. Los Angeles, CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Netflix Chief Content Officer	\$19,200.00	\$29,200.00	2018P: \$29,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1923</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Samantha Sargent San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Samantha Sargent Contractor	\$100.00	\$100.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Warren Saunders San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shut Up & Write! Founder	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Warren Saunders San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shut Up & Write! Founder	\$50.00	\$600.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1924</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Warren Saunders San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shut Up & Write! Founder	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Warren Saunders San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shut Up & Write! Founder	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1925 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Warren Saunders San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shut Up & Write! Founder	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Warren Saunders San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shut Up & Write! Founder	\$50.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Kevin Sauser Portland, OR 97209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C2K Architecture, Inc. Architect	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1926</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Nasser Savar Rolling Hills Estate, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homena, Inc. Owner	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Ramin Savar West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Akin, Gump, Strauss, Hauer & Feld Attorney	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1927 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Kim Sawyer Molalla, OR 97038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avaya Business Analyst	\$25.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Kim Sawyer Molalla, OR 97038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avaya Business Analyst	\$25.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Kim Sawyer Molalla, OR 97038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Avaya Business Analyst	\$25.00	\$110.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1928</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Dorothy Saxe Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Natalie Saylor Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Saylor Consulting Group Construction Management	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1929</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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9/28/2017	Sonja Saylor Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Saylor's Restaurant and Bar Owner	\$50.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Sonja Saylor Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Saylor's Restaurant and Bar Owner	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Ruth C. Sayre Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1930</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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12/7/2017	Francis O. Scarpulla San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Francis O. Scarpulla Attorney	\$750.00	\$1,750.00	2018P: \$1,750.00
11/3/2017	Victoria Schaller San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Victoria's 5 Star Services-Luvurpet, LLC Owner	\$100.00	\$100.00	2018P: \$100.00
10/3/2017	Robert Schiff San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mckinsey & Company Management Consultant	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Beth Schiffman Redwood City, CA 94063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MC Creative Media, Inc. Owner	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1931</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Patricia Schilling Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tugboat Software, Inc. Software Engineer	\$50.00	\$125.00	2018P: \$159.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Anita Schindler Potter Valley, CA 95469	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anita Schindler Property Management	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1932 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/3/2017	Jeffrey Schindler San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HealthRIGHT 360 Director of Advancement	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Jeff Schlarb San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeff Schlarb Interior Designer	\$500.00	\$500.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Harvey Schloss Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00

**SUBTOTAL**

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1933 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Karl Schmitt Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	3D Results Consultant	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Melissa Schmitt Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schmitt & Company Owner	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1934</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Michael Schmitz Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Vista Cheif Executive Officer/Co-Founder	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Joseph Schneerson Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shomer Insurance Sales	\$25,000.00	\$25,000.00	2018P: \$25,000.00
8/31/2017	Janice Schneider Somis, CA 93066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1935 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Vincent Schodolski Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Erik Schoennaue San Jose, CA 95110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Schoennaue Company Land Us Consultant	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/24/2017	Paul Schon Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schon Tepler Group Real Estate Developer	\$750.00	\$750.00	2018P: \$750.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1936 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Jonathan Schoonmaker Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financialforce Senior Vice President Human Resources	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Steven Schroeder San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Schroeder Contractor	\$50.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1937</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/2/2017	Richard Schulenberg Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$100.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Catarina Schwab San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NPX, Inc. Co-Founder	\$1,000.00	\$1,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Donald Schwarcz San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1938 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Bernard L. Schwartz New York, NY 10151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BLS Investments, LLC Chief Executive Officer	\$5,000.00	\$5,000.00	2018P: \$5,000.00
8/19/2017	Barbara Schwarz Burbank, CA 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbara Schwarz Interior Designer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Jeff Schweitzer Spicewood, TX 78669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regulatory Interlinx, Inc. Vice President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1939</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Julie Scott San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosicrucian Order Executive	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Julie Scott San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosicrucian Order Executive	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1940</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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9/18/2017	Julie Scott San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosicrucian Order Executive	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Julie Scott San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosicrucian Order Executive	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Julie Scott San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosicrucian Order Executive	\$25.00	\$300.00	2018P: \$800.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1941</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Julie Scott San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rosicrucian Order Executive	\$25.00	\$300.00	2018P: \$800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Scott Haggerty for Supervisor 2016 Fremont, CA 94538 Committee ID: 970474	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
7/31/2017	Irene Seales Los Gatos, CA 95033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Irene Seales Graphic Artist	\$25.00	\$215.00	2018P: \$265.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1942</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Irene Seales Los Gatos, CA 95033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Irene Seales Graphic Artist	\$50.00	\$215.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Todd Sears San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1943 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2017	Todd Sears San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Todd Sears San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Todd Sears San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$255.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1944 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Todd Sears San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Todd Sears San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1945 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2017	Matthew Sedigh Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Conway MacKenzie Executive	\$500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Matthew Sedigh Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Conway MacKenzie Executive	\$1,000.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Christie Seeley Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamilton Zanze Executive Assistant	\$25.00	\$275.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1946</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Christie Seeley Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamilton Zanze Executive Assistant	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Christie Seeley Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamilton Zanze Executive Assistant	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1947 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2017	Christie Seeley Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamilton Zanze Executive Assistant	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Christie Seeley Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamilton Zanze Executive Assistant	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Christie Seeley Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamilton Zanze Executive Assistant	\$25.00	\$275.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1948</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Iris Segal Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Iris Segal Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1949 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Iris Segal Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Iris Segal Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Mark Segal Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nigro Karlin Segal Feldstein & Bolno, LLC Certified Public Accountant	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1950 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Joe Seither Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Seither Marketing	\$250.00	\$500.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Michael Seitz San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Seitz Attorney	\$100.00	\$1,050.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1951</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Michael Seitz San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Seitz Attorney	\$100.00	\$1,050.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Michael Seitz San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Seitz Attorney	\$100.00	\$1,050.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Michael Seitz San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Seitz Attorney	\$25.00	\$1,050.00	2018P: \$1,250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1952</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Michael Seitz San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Seitz Attorney	\$25.00	\$1,050.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Maya Selby Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1953</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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10/3/2017	Maya Selby Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Maya Selby Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Maya Selby Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1954 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Reed Selby Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metabolon, Inc. Sales	\$25.00	\$150.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Reed Selby Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metabolon, Inc. Sales	\$25.00	\$150.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1955</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Reed Selby Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metabolon, Inc. Sales	\$25.00	\$150.00	2018P: \$240.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Gary Selick San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GSC Psychologist	\$50.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Gary Selick San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GSC Psychologist	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1956 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Leslie Seltenrich Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Leslie Seltenrich Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1957 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2017	Leslie Seltenrich Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Leslie Seltenrich Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Leslie Seltenrich Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1958</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Jane Selwyn Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Jane Selwyn Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1959 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2017	Jane Selwyn Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Trina Semplinski San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Cities Therapy Service Physical Therapist	\$50.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Trina Semplinski San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Cities Therapy Service Physical Therapist	\$50.00	\$200.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1960</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Trina Semplinski San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Cities Therapy Service Physical Therapist	\$50.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/2/2017	Trina Semplinski San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Cities Therapy Service Physical Therapist	\$50.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1961 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/2017	Saibal Sen San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intuitive Surgical Engineer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Lynn Seppala Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Blake Sercye Chicago, IL 60644	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennr & Block, LLP Attorney	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1962 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Kimberly Seu Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asian Health Services Physician	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Seven Seas, Inc. dba Seven Seas Wholesale Distributor San Jose, CA 95148	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2018P: \$200.00
11/10/2017	Janet Shaffer San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1963</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Susan Shain San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Sarah Shaker San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instituto Laboral de la Raza Executive Director	\$250.00	\$250.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1964 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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12/29/2017	Tina Shakour Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cisco Marketing	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Elaine Shamir Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elaine Shamir Consultant	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Eric Shamlin Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entertainment One Senior Vice President Managing Director	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1965</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Roger Shane Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roger Shane Investor	\$2,000.00	\$2,000.00	2018P: \$2,000.00
7/30/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1966</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1967 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$2,000.00	\$5,750.00	2018P: \$5,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1968 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	J. Daniel Sharp Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crowell & Moring, LLP Attorney	\$250.00	\$5,750.00	2018P: \$5,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1969 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	Kim Sharp Newhall, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kim Sharp Event Production	\$15.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Kim Sharp Newhall, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kim Sharp Event Production	\$15.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Kim Sharp Newhall, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kim Sharp Event Production	\$15.00	\$165.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1970</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Kim Sharp Newhall, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kim Sharp Event Production	\$15.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Kim Sharp Newhall, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kim Sharp Event Production	\$15.00	\$165.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1971 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Deborah Sharpe San Pablo, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Notre Dame de Namur University (NDNU) Art Therapist	\$50.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Deborah Sharpe San Pablo, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Notre Dame de Namur University (NDNU) Art Therapist	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Deborah Sharpe San Pablo, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Notre Dame de Namur University (NDNU) Art Therapist	\$50.00	\$155.00	2018P: \$155.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1972</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Kevin Sharps Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deloitte Consulting Management Consultant	\$500.00	\$500.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	James Shaughnessy Diablo, CA 94528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Workday, Inc. Attorney	\$100.00	\$1,275.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1973 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2017	James Shaughnessy Diablo, CA 94528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Workday, Inc. Attorney	\$200.00	\$1,275.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	James Shaughnessy Diablo, CA 94528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Workday, Inc. Attorney	\$200.00	\$1,275.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	James Shaughnessy Diablo, CA 94528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Workday, Inc. Attorney	\$500.00	\$1,275.00	2018P: \$1,275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1974</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	James Shaughnessy Diablo, CA 94528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Workday, Inc. Attorney	\$250.00	\$1,275.00	2018P: \$1,275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Jacob Shea San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Structure Capital Partner	\$1,000.00	\$1,000.00	2018P: \$1,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1975</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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7/30/2017	Cameron Shearer Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Corrections & Rehabilitation Licensed Clinical Social Worker	\$15.00	\$180.00	2018P: \$505.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Cameron Shearer Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Corrections & Rehabilitation Licensed Clinical Social Worker	\$15.00	\$180.00	2018P: \$505.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Cameron Shearer Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Corrections & Rehabilitation Licensed Clinical Social Worker	\$15.00	\$180.00	2018P: \$505.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1976</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Cameron Shearer Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Corrections & Rehabilitation Licensed Clinical Social Worker	\$15.00	\$180.00	2018P: \$505.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Cameron Shearer Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Corrections & Rehabilitation Licensed Clinical Social Worker	\$15.00	\$180.00	2018P: \$505.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1977 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Cameron Shearer Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Corrections & Rehabilitation Licensed Clinical Social Worker	\$15.00	\$180.00	2018P: \$505.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Ben Sheehan Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scooter Braun Projects Vice President	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Melanie Shelby Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gray Greer Shelby & Vaughn Managing Director	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1978</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Austin Shelton San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Austin Shelton San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1979 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Austin Shelton San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Austin Shelton San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Curt Shepad beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hamme Museum Museum Administrator	\$1,000.00	\$1,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1980</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	AJ Shepard Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$550.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	AJ Shepard Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$150.00	\$550.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1981</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	AJ Shepard Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$150.00	\$550.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/7/2017	Beth Sheperd Charlevoix, MI 49720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Homemaker	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/7/2017	Jim Sheperd Marina Del Rey, CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Snap, Inc. Partnerships	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1982 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Joan Sherlock Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Fred S. Sherman San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marine Transport Lines, Inc. Leadership/Chairman	\$250.00	\$250.00	2018P: \$450.00
7/31/2017	Jeremy Sherman Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeremy Sherman Writer	\$100.00	\$350.00	2018P: \$700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1983</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Tracy Sherman Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tracy Sherman Real Estate Investment	\$100.00	\$100.00	2018P: \$250.00
12/30/2017	Sheetal Sheth New York, NY 10010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheetal Sheth Actress	\$250.00	\$250.00	2018P: \$250.00
9/28/2017	Anna Shimko Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burke Williams & Sorensen Attorney	\$250.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1984 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Michael Shinnors Chicago, IL 60610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$200.00	\$200.00	2018P: \$200.00
11/27/2017	Julie A. Shipp Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Julie A. Shipp Tennis Player	\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/27/2017	Haig Shirinian Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Haig Shirinian Musician	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$360.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1985 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1986</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1987</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1988</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1989 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1990 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Cherie Shore Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$360.00	2018P: \$360.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Eric Shore Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eric Shore Interior Designer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1991</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Scott Shuker Longwood, FL 32779	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham Shuker Attorney	\$100.00	\$100.00	2018P: \$100.00
7/30/2017	Jeffrey Sid Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	247, Inc. Manager	\$400.00	\$400.00	2018P: \$700.00
7/31/2017	Christina Siebeneicher Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1992 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Christina Siebeneicher Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Christina Siebeneicher Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Christina Siebeneicher Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1993</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Christina Siebeneicher Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Christina Siebeneicher Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1994</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Harinder Singh Sihota Turlock, CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Foundation Endocrinologist	\$250.00	\$250.00	2018P: \$250.00
10/27/2017	Joseph Sikorski Delavan, WI 53115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Window Well Experts, Inc. President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Chris Silbermann Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ICM Partners Founding Partner	\$5,000.00	\$5,000.00	2018P: \$5,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 1995 of 2602

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NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	Rebecca K. S. Silbert Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Opportunity Institute Vice President of Opportunity/Justice Program	\$5,000.00	\$5,000.00	2018P: \$5,000.00
9/16/2017	Victoria Silveman Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Victoria Silverman Non Profit Search Consultant	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Michael Silver Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NFL Network Analyst	\$100.00	\$200.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>1996</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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12/15/2017	Laura Silvestri Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laura Silvestri Administrator	\$100.00	\$100.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Pam Simi Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Polysomnography Technologist	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Lee Simmons Los Gatos, CA 95033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Groupware Sales	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1997</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Eve Simon San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simon Breitbard Fine Arts Art Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Jon Simon Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Corrections and Rehabilitation State Parole	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 1998 of 2602

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9/29/2017	Barbara Simons San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Elizabeth Simons Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elizabeth Simons Philanthropist	\$1,000.00	\$2,000.00	2018P: \$29,200.00 2018G: \$29,200.00
10/20/2017	Elizabeth Simons Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elizabeth Simons Philanthropist	\$1,000.00	\$2,000.00	2018P: \$29,200.00 2018G: \$29,200.00
8/30/2017	Kathy Simpson Lakewood, Ca 90712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>1999</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Sharon Simpson Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Sharon Simpson Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2000</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Shawn Simpson San Francisco, CA 94101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Boutique Air Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Bharti Singh Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Bharti Singh Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2001</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Jay Singh Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sumitomo Corporation of Americas Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,025.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Satwant Singh San Jose, CA 95148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Satwant Singh Insurance Services Owner	\$500.00	\$500.00	2018P: \$500.00
9/19/2017	Steven A. Sisler San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven A. Sisler Digital Media Producer	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2002 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Wiggys Sivertsen Los Gatos, CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$300.00	\$300.00	2018P: \$300.00
12/27/2017	Karen Skelton Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karen Skelton Consultant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/12/2017	Leah Skinner Roseville, CA 94747	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2003</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Francoise Skurman Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Jeffrery Slayton Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/2/2017	Jeffrery Slayton Long Beach, CA 90806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$25.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2004</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Deborah Sligar Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Deborah Sligar Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2005</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2017	Deborah Sligar Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Deborah Sligar Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Kelly Sloan Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$110.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2006 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Kelly Sloan Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Kelly Sloan Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2007 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Kelly Sloan Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Kelly Sloan Vacaville, CA 95687	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$10.00	\$110.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	Donald Smail Copperopolis, CA 95228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Manteca Economic Development Manager	\$15.00	\$230.00	2018P: \$770.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2008</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/21/2017	Donald Smail Copperopolis, CA 95228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Manteca Economic Development Manager	\$15.00	\$230.00	2018P: \$770.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Donald Smail Copperopolis, CA 95228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Manteca Economic Development Manager	\$15.00	\$230.00	2018P: \$770.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2009 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2017	Donald Smail Copperopolis, CA 95228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Manteca Economic Development Manager	\$15.00	\$230.00	2018P: \$770.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/21/2017	Donald Smail Copperopolis, CA 95228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Manteca Economic Development Manager	\$15.00	\$230.00	2018P: \$770.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	Donald Smail Copperopolis, CA 95228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Manteca Economic Development Manager	\$15.00	\$230.00	2018P: \$770.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2010</u> of <u>2602</u>		
I.D. Number 1375287		

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Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/26/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>2011</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2012 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2013</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Barbara Small Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GCA Law Partners, LLP Attorney	\$25.00	\$450.00	2018P: \$550.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2014</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	Wayne Small San Clemente, Ca 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Renwes Sales President	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/1/2017	Mary Smartt Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa County Librarian	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2015 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Mary Smartt Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa County Librarian	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Mary Smartt Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa County Librarian	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Mary Smartt Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa County Librarian	\$25.00	\$275.00	2018P: \$275.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2016</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Mary Smartt Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa County Librarian	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Mary Smartt Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa County Librarian	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2017 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2017	Liz Smeloff Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Liz Smeloff Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Liz Smeloff Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2018</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Liz Smeloff Sacramento, CA 95825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Anthony M. Smith New York, NY 10036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VSA Consulting Group, LLC Transformation Coach	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2019</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	David Smith San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Smith Exercise Therapy	\$1,000.00	\$1,000.00	2018P: \$1,550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Fern Smith San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$2,010.00	2018P: \$2,785.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2020</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2021 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$2,010.00	2018P: \$2,785.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2022 of 2602

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10/13/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$2,010.00	2018P: \$2,785.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2023</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2024 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Geoffrey Smith San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$2,010.00	2018P: \$2,785.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Irene Smith San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Jay Smith Bakersfield, CA 93306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2025</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Katherine Smith Oceanside, CA 92056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Supervisor	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Katherine Smith Oceanside, CA 92056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Supervisor	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2026</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2017	Katherine Smith Oceanside, CA 92056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Supervisor	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Katherine Smith Oceanside, CA 92056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Supervisor	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Katherine Smith Oceanside, CA 92056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Supervisor	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2027 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Maja Smith San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Maja Smith Designer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Mel Smith Dunnigan, CA 95937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2028</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Mel Smith Dunnigan, CA 95937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Mel Smith Dunnigan, CA 95937	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$500.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Michael Smith Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael Smith Event Music, LLC Owner	\$4,000.00	\$4,000.00	2018P: \$4,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2029</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Michael Smith Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GoPro Engineer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Quincy Smith San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code Advisors Finance	\$500.00	\$500.00	2018P: \$13,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2030 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Robert Smith Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Robert Smith Manufuncturer	\$25.00	\$110.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Shawn Smith Morongo Valley, CA 92256	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shawn Smith Documentary Film Maker	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Yvette Smith Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peet's Coffee Human Resourses	\$25.00	\$100.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2031</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Phil Smothermon Jr. Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Leandro Unified School District Educator	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/5/2017	Merrily Snider Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$108.00	2018P: \$168.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2032</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Merrily Snider Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$108.00	2018P: \$168.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Merrily Snider Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$108.00	2018P: \$168.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	Merrily Snider Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$108.00	2018P: \$168.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2033</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Merrily Snider Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$108.00	2018P: \$168.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Merrily Snider Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$108.00	2018P: \$168.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2034 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2017	Merrily Snider Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$108.00	2018P: \$168.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Robin A. Snider Santa Barbara, CA 93108 Memo Reference: INC4092	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Snider Interests, LLC Owner	(\$500.00)	\$0.00	2018P: \$0.00
11/12/2017	Richard Snodgrass Chico, CA 95926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Butte Community College District Project Manager	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2035 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/4/2017	W. Scott Snowden Saint Helena, CA 94574	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Judicial Arbitration and Mediation Services, Inc. (JAMS) Arbitrator/Mediator	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/30/2017	Edward Snowdon New York, NY 10024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edward Snowdon Theatrical Producer	\$7,000.00	\$7,000.00	2018P: \$7,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Richard N. Snyder Belvedere, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard N. Snyder Attorney	\$100.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2036 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2017	Richard N. Snyder Belvedere, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard N. Snyder Attorney	\$50.00	\$450.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Lydia So San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lydia So Architect	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Nina Soares San Francisco, CA 94012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HealthRIGHT360 Operation Director	\$150.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2037 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Susan Sodergren Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Susan Sodergren Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)


Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2038 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/3/2017	Jennifer Soenens Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morgan Stanley Wealth Management	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Rae Sofos San Mateo, CA 94403 Memo Reference: IDT91061	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	(\$25.00)	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Pardeep S. Sohota Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sahota CPA, Inc. Accountant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2039 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Ray Solnik San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Vista President	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Ray Solnik San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buena Vista President	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Aaron Solomon San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Invitae Biotech Business Development	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2040 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Alison Sonsini San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Victoria Sonu Song Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,025.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>2041</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Victoria Sonu Song Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,025.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Victoria Sonu Song Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,025.00	2018P: \$2,225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Victoria Sonu Song Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,025.00	2018P: \$2,225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2042</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Terra Sotelo Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance of America Finance	\$100.00	\$130.00	2018P: \$130.00
11/12/2017	Terra Sotelo Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance of America Finance	\$25.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Edith Souter San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$550.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2043</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Southern Glazer's Wine and Spirits, LLC Miramar, FL 33027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	2018P: \$25,000.00
7/22/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$135.00	2018P: \$255.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2044</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2045 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$135.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$255.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2046</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Michael Souza San Francisco, CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$135.00	2018P: \$255.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Steven spedowski Livermore, CA 94551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Ramon Senior Analyst	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2047 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2017	Cynthia Spence San Jose, CA 95117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cynthia Spence Interior Design	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Deirdre Spencer Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simpson Strong-Tie Company Project Manager	\$10.00	\$100.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Deirdre Spencer Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simpson Strong-Tie Company Project Manager	\$10.00	\$100.00	2018P: \$120.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2048</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Deirdre Spencer Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simpson Strong-Tie Company Project Manager	\$10.00	\$100.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Deirdre Spencer Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Simpson Strong-Tie Company Project Manager	\$10.00	\$100.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2049 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Jim Sperlazza Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jemtown, Inc. Owner	\$100.00	\$1,020.00	2018P: \$1,020.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Jim Sperlazza Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jemtown, Inc. Owner	\$100.00	\$1,020.00	2018P: \$1,020.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Jim Sperlazza Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jemtown, Inc. Owner	\$100.00	\$1,020.00	2018P: \$1,020.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2050 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Jim Sperlazza Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jemtown, Inc. Owner	\$100.00	\$1,020.00	2018P: \$1,020.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Jim Sperlazza Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jemtown, Inc. Owner	\$100.00	\$1,020.00	2018P: \$1,020.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2051</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Jim Sperlazza Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jemtown, Inc. Owner	\$100.00	\$1,020.00	2018P: \$1,020.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Jim Sperlazza Nevada City, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jemtown, Inc. Owner	\$70.00	\$1,020.00	2018P: \$1,020.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Cynthia Spicklet Vallejo, CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$240.00	2018P: \$340.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2052</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Lisa Spiegel San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Duane Morris LLP Attorney	\$1,000.00	\$1,050.00	2018P: \$1,050.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Mark Spiegel Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Spiegel Carpet Cleaner	\$25.00	\$133.00	2018P: \$133.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2053 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Mark Spiegel Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Spiegel Carpet Cleaner	\$15.00	\$133.00	2018P: \$133.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Mark Spiegel Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Spiegel Carpet Cleaner	\$5.00	\$133.00	2018P: \$133.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Mark Spiegel Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Spiegel Carpet Cleaner	\$5.00	\$133.00	2018P: \$133.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2054</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Mark Spiegel Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Spiegel Carpet Cleaner	\$15.00	\$133.00	2018P: \$133.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Mark Spiegel Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Spiegel Carpet Cleaner	\$15.00	\$133.00	2018P: \$133.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2055 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Mark Spiegel Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Spiegel Carpet Cleaner	\$5.00	\$133.00	2018P: \$133.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Patricia Spiegel Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Spiegel Writer	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Patricia Spiegel Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Spiegel Writer	\$25.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2056 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	Patricia Spiegel Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patricia Spiegel Writer	\$25.00	\$125.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Philip L. Spiegel San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clinton Reilly Holdings, LLC Creative Vice President	\$15,000.00	\$15,000.00	2018P: \$15,000.00
12/27/2017	Ronald Spingarn Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Of California Manager	\$200.00	\$200.00	2018P: \$200.00

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2057 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Holly Spohn-Gross Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sienna Wellness Institute Physician	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Linda Spragens Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$35.00	\$420.00	2018P: \$520.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2058</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Linda Spragens Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$420.00	2018P: \$520.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Linda Spragens Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$420.00	2018P: \$520.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Linda Spragens Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$420.00	2018P: \$520.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2059</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Linda Spragens Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$35.00	\$420.00	2018P: \$520.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Jill Sprenkel Discovery Bay, CA 94505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oakley Union Elementary School District School Counselor	\$25.00	\$125.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2060</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Spy Glass Sales Inc. Modesto, CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
11/9/2017	St. Claire Capital Management, Inc. Larkspur, CA 94939	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/29/2017	Todd St. Sure San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Govino Vice President	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	James Stafford San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James Stafford Restoration Timber	\$10,000.00	\$10,000.00	2018P: \$21,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2061</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	William Stafford LaCanada, CA 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Barnes Company Tool Maker	\$100.00	\$325.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Jeff Standen Riverside, CA 92508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Webgroup Media, LLC Software Architect	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2062 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Jeff Standen Riverside, CA 92508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Webgroup Media, LLC Software Architect	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jeff Standen Riverside, CA 92508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Webgroup Media, LLC Software Architect	\$25.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Nina Stanford San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NZS, LLC Advisor	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2063</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Estee Stanley West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Estee Stanley Interior Designer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Kelly Starrett San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kelly Starrett Physical Therapist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2064</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2017	Karen Staser Sacramento, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Kathy Statzer Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Kathy Statzer Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2065</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Kathy Statzer Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Kathy Statzer Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2066 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2017	Kathy Statzer Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Kathy Statzer Arcata, CA 95521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Corby Stead Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2067</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Kathryn Stebner Muir Beach, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stebner Associates Attorney	\$5,000.00	\$5,000.00	2018P: \$5,000.00
8/30/2017	Bradford Stedem Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EB-5 United, LLC President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Kay Steele Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mattel, Inc. Manager Global Travel & Board Coordinator	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2068</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/18/2017	Jeffrey Steenberg West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeffrey Steenberg Investor	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Jeffrey Steenberg West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeffrey Steenberg Investor	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2069 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2017	Jeffrey Steenberg West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeffrey Steenberg Investor	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Jeffrey Steenberg West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeffrey Steenberg Investor	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Jeffrey Steenberg West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeffrey Steenberg Investor	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2070</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Jeffrey Steenberg West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeffrey Steenberg Investor	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Jon Steging Playa Vista, CA 90094	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Childrens Hospital Los Angeles Director of Finance & Controller	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2071 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Adam Steinberg San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Flow Kana Co-Founder of Chi-Mei Optoelectronics	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Bruce Stephan Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PMA Consultants Engineer/Attorney	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Sean Stephens Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Marin Social Worker	\$50.00	\$150.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2072</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Sean Stephens Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Marin Social Worker	\$100.00	\$150.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2017	Jessica Sterling Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Roberta Achtenberg Executive Assistant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2073 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2017	Ann Sterman New York, NY 10128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ann Sterman Travel Agent	\$100.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/26/2017	Ann Sterman New York, NY 10128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ann Sterman Travel Agent	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Debbie Stern Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2074 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Mark Stern Escondido, CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Institute of Neurosurgery Physician	\$1,000.00	\$1,000.00	2018P: \$1,000.00
9/15/2017	Martin Stern West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cedars-Sinai Medical Center Psychologist	\$25.00	\$100.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	John Stewart Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Federal Court Judge	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2075</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Marian Stier Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Respiratory Therapist	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Marian Stier Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Respiratory Therapist	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2076 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2017	Marian Stier Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Respiratory Therapist	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Marian Stier Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Respiratory Therapist	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Marian Stier Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Respiratory Therapist	\$25.00	\$300.00	2018P: \$550.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2077</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Marian Stier Santa Rosa, CA 95409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Respiratory Therapist	\$25.00	\$300.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Gretchen Stockdale Los Angeles, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilgrim Media Group Attorney	\$5,000.00	\$6,000.00	2018P: \$6,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2078 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Gretchen Stockdale Los Angeles, CA 91403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilgrim Media Group Attorney	\$1,000.00	\$6,000.00	2018P: \$6,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Boyd Stockham Cotati, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stockham Construction, Inc. President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Rebecca Stohlman Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2079 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Rebecca Stohlman Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Rebecca Stohlman Modesto, CA 95355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2080 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2017	Karey Stoltz Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cupertino Union School District Teacher	\$100.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Jane Stone Soquel, CA 95073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2081</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2082 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2083</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/28/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2084 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Jeremy Stone San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BMVA, LLC Art Advisor & Appraiser	\$25.00	\$1,000.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Runa Stone Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Griffen Group Bookkeeper	\$300.00	\$300.00	2018P: \$300.00

**SUBTOTAL**

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2085 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/10/2017	Marcella Stovik Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcella Stovik Insurance Broker	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Marcella Stovik Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcella Stovik Insurance Broker	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Marcella Stovik Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcella Stovik Insurance Broker	\$25.00	\$300.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2086</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Marcella Stovik Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcella Stovik Insurance Broker	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Marcella Stovik Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcella Stovik Insurance Broker	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2087 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Marcella Stovik Auburn, CA 95603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcella Stovik Insurance Broker	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/23/2017	Craig Strachan Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craig Strachan Real Estate Investor	\$50.00	\$600.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Craig Strachan Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craig Strachan Real Estate Investor	\$50.00	\$600.00	2018P: \$1,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2088</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Craig Strachan Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craig Strachan Real Estate Investor	\$50.00	\$600.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Craig Strachan Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craig Strachan Real Estate Investor	\$50.00	\$600.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2089 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/23/2017	Craig Strachan Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craig Strachan Real Estate Investor	\$50.00	\$600.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Craig Strachan Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Craig Strachan Real Estate Investor	\$50.00	\$600.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Melissa Strah Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dublin City Councilmember	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2090 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Gary Stratton Lawndale, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman Krieger, Inc. Vice President	\$50.00	\$950.00	2018P: \$2,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Gary Stratton Lawndale, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman Krieger, Inc. Vice President	\$50.00	\$950.00	2018P: \$2,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Gary Stratton Lawndale, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman Krieger, Inc. Vice President	\$50.00	\$950.00	2018P: \$2,175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2091</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Gary Stratton Lawndale, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman Krieger, Inc. Vice President	\$50.00	\$950.00	2018P: \$2,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Gary Stratton Lawndale, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman Krieger, Inc. Vice President	\$500.00	\$950.00	2018P: \$2,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2092</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Gary Stratton Lawndale, CA 90260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman Krieger, Inc. Vice President	\$50.00	\$950.00	2018P: \$2,175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Michael Straumietis Santa Monica, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advanced Nutrients Chief Executive Officer/Founder	\$19,200.00	\$58,000.00	2018P: \$29,200.00 2018G: \$28,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Michael Straumietis Santa Monica, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advanced Nutrients Chief Executive Officer/Founder	\$28,800.00	\$58,000.00	2018P: \$29,200.00 2018G: \$28,800.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2093</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Carolyn Strauss West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mighty Mint, Inc. Television Producer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Barbra Streisand Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barbara Streisand Singer/Actress/Philanthropist	\$2,000.00	\$2,000.00	2018P: \$3,000.00
10/24/2017	Alexis Stricker San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alexis Stricker Psychotherapist	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2094</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Alexis Stricker San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alexis Stricker Psychotherapist	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Alexis Stricker San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alexis Stricker Psychotherapist	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2095 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	Patricia Strickland Windsor, CA 95492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Everett Stricklin Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Everett Stricklin Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2096</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Everett Stricklin Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	STRM, LLC Hayward, CA 94541	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/17/2017	Roger Strom Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strom Properties Executive	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2097</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Winston Stromberg Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins, LLP Attorney	\$100.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Winston Stromberg Los Angeles, CA 90019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins, LLP Attorney	\$50.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2098 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Jeffrey Stroud Columbia, CA 95310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$152.50	2018P: \$277.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Jon Stryker New York, NY 10022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arcus Foundation Founder	\$25,000.00	\$25,000.00	2018P: \$25,000.00
7/28/2017	Jennifer Stuart San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Friends School Teacher	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2099</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Stuart Arakelian Wealth Management San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
8/31/2017	Anne Stuhldreher San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EARN Director	\$200.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Anne Stuhldreher San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EARN Director	\$200.00	\$600.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2100 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	Mary Stump Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WestEd Program Director	\$50.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Vinita Subaiya Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health 2.0 Healthcare	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Dong Suh Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asian Health Services Chief Operating Officer	\$300.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2101</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Aura Sullivan San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/28/2017	Aura Sullivan San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$675.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2102 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2017	Libby Sullivan Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Mick Sullivan Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CAA Agent	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Suzanne Sullivan Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15,000.00	\$15,000.00	2018P: \$15,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2103 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Cecily Summers Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
8/31/2017	Gerald Summers Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	James B. Summers Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DSG, Inc. Civil Engineer	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2104</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/7/2017	Sarah Sung Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Sarah Sung Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Christine Suppes Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Christine Suppes Writer	\$500.00	\$3,512.50	2018P: \$8,262.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>2105</u> of <u>2602</u> I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Jonathan Sures Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Talent Agency Entertainment Agent	\$4,800.00	\$10,000.00	2018P: \$29,200.00 2018G: \$4,800.00
12/27/2017	Jonathan Sures Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Talent Agency Entertainment Agent	\$5,200.00	\$10,000.00	2018P: \$29,200.00 2018G: \$4,800.00
11/17/2017	Kumarakulasingam Suriyakumar Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARC Document Solutions	\$15,000.00	\$15,000.00	2018P: \$22,500.00
9/30/2017	Jason Surles San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deloitte Consulting Consultant	\$200.00	\$200.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2106</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Brad Suskind San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brad Suskind General Contractor	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/21/2017	S. Donald Sussman Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paloma Partners Advisors, LP Investment Advisor	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2107 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Lynn Suter Meadow Vista, CA 95722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/25/2017	Elizabeth Sutherland Riney Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$1,125.00	2018P: \$2,125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Elizabeth Sutherland Riney Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,125.00	2018P: \$2,125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2108</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Elizabeth Sutherland Riney Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$1,125.00	2018P: \$2,125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$5.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2109 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$5.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$5.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$25.00	\$160.00	2018P: \$205.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2110</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$5.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$5.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2111 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$25.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$5.00	\$160.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	George Sutton Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Sutton Consultant	\$25.00	\$160.00	2018P: \$205.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 2112 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Thomas Swan Los Angeles, CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Swan Group Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Lori Sweat San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Tire Outlet Owner	\$250.00	\$250.00	2018P: \$250.00
8/1/2017	Doug Sweeny Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nest Labs Marketing	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2113</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Charles Swegles Santa Barbara, CA 93140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Swegles Sales	\$25.00	\$125.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Charles Swegles Santa Barbara, CA 93140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Swegles Sales	\$25.00	\$125.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2114 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Charles Swegles Santa Barbara, CA 93140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Swegles Sales	\$25.00	\$125.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Christine Swenson Shingle Springs, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Janice Swent Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2115 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Susan Swig San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Swig Artist	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	William Sylvester San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2116</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2017	William Sylvester San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	William Sylvester San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	William Sylvester San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2117</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	William Sylvester San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	T2 Media, LLC Purchase, NY 10577	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
12/7/2017	Joseph J. Tabacco Jr. Portolla Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berman Tabacco Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2118 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Yoshihide Takano Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Scientist	\$50.00	\$900.00	2018P: \$1,905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Yoshihide Takano Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Scientist	\$50.00	\$900.00	2018P: \$1,905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Yoshihide Takano Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Scientist	\$50.00	\$900.00	2018P: \$1,905.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2119 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Yoshihide Takano Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Scientist	\$50.00	\$900.00	2018P: \$1,905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Yoshihide Takano Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Scientist	\$50.00	\$900.00	2018P: \$1,905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2120 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/11/2017	Yoshihide Takano Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Scientist	\$50.00	\$900.00	2018P: \$1,905.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	John Talarico Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California, Department of Public Health PHMA 1	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Laura Talmus Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beyond Differences Executive Director	\$25.00	\$3,025.00	2018P: \$4,025.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2121 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Jinzheng Tan Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	New York Life Agent	\$1,000.00	\$2,000.00	2018P: \$2,000.00
10/28/2017	Cheryl Tanasovich Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Greenbrae Dermatology Physician	\$25.00	\$225.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Chek Tang Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Studio T Square, Inc. Owner/Principal	\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2122</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Gary Taniguchi San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Tena Taormina Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tena Taormina Property Management	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2123</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/13/2017	Elizabeth Tarango Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alameda County Office of Education Director/Principal	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Cristina Tate San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hewlett Packard Finance	\$100.00	\$100.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Jackie Tawney Moore San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackie Tawney Moore Antique Dealer	\$25.00	\$225.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2124</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Jackie Tawney Moore San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackie Tawney Moore Antique Dealer	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Jackie Tawney Moore San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackie Tawney Moore Antique Dealer	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2125 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Jackie Tawney Moore San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackie Tawney Moore Antique Dealer	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jackie Tawney Moore San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackie Tawney Moore Antique Dealer	\$25.00	\$225.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Jackie Tawney Moore San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jackie Tawney Moore Antique Dealer	\$25.00	\$225.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2126</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Edith Taylor Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Edith Taylor Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2127</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Edith Taylor Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Edith Taylor Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Edith Taylor Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2128 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/6/2017	Patricia Taylor Santa Monica, CA 90403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	In8Productions Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Peter John Taylor Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ECMC Foundation President	\$1,500.00	\$1,500.00	2018P: \$1,500.00
7/10/2017	Ruby Taylor Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$215.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2129</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Ruby Taylor Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Ruby Taylor Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2130</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Ruby Taylor Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Ruby Taylor Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Ruby Taylor Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$180.00	2018P: \$215.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2131</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Stephen E. Taylor Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Taylor & Patchen, LLP Attorney	\$500.00	\$500.00	2018P: \$500.00
12/7/2017	Steve K. Taylor Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Keker, Van Nest Peters Attorney	\$500.00	\$500.00	2018P: \$500.00
8/31/2017	Todd Taylor Tuolumne, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2132 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Todd Taylor Tuolumne, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Todd Taylor Tuolumne, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Todd Taylor Tuolumne, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$130.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2133</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Todd Taylor Tuolumne, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$130.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Zahra Tazir San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tung-Yen Lin International Bridge Engineer	\$100.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2134</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Teamsters Local Union No. 665 PAC Small Contributor Committee Daly City, CA 94015 Committee ID: 1280975	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$10,000.00	\$26,700.00	2018P: \$29,200.00
12/21/2017	Teamsters Local Union No. 665 PAC Small Contributor Committee Daly City, CA 94015 Committee ID: 1280975	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$9,200.00	\$26,700.00	2018P: \$29,200.00
7/4/2017	Marcia L. Teasdale Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$140.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Janet Tedesco West Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2135</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Janet Tedesco West Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Terry Teele Woodstock, IL 60098	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rory Group Consultant	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2136 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2017	Eero Teerikorpi Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuent Chief Executive Officer	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/25/2017	Eero Teerikorpi Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuent Chief Executive Officer	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Eero Teerikorpi Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuent Chief Executive Officer	\$25.00	\$325.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2137</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Eero Teerikorpi Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuent Chief Executive Officer	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/25/2017	Eero Teerikorpi Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuent Chief Executive Officer	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2138 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Eero Teerikorpi Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuent Chief Executive Officer	\$100.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/25/2017	Eero Teerikorpi Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Continuent Chief Executive Officer	\$25.00	\$325.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Betsy Templeton Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$350.00	2018P: \$350.00

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2139</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Ann Grodnick Tenenbaum New York, NY 10022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ann Grodnick Tenenbaum Philanthropist	\$2,500.00	\$2,500.00	2018P: \$2,500.00
7/31/2017	Mieke Ter Poorten Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mieke Ter Poorten Attorney	\$100.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	David Terrance New Orleans, LA 70122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2140</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	David Terrance New Orleans, LA 70122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	David Terrance New Orleans, LA 70122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2141</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	David Terrance New Orleans, LA 70122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Patricia Terrell Wofford Heights, CA 93285	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$580.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Patricia Terrell Wofford Heights, CA 93285	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$580.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2142</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Nina Terzian Montecito, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nina Terzian Designer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/15/2017	Keno Tesoro Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSB Student	\$10.00	\$390.00	2018P: \$475.00
7/21/2017	Keno Tesoro Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSB Student	\$25.00	\$390.00	2018P: \$475.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2143</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/4/2017	Keno Tesoro Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSB Student	\$10.00	\$390.00	2018P: \$475.00
12/17/2017	Keno Tesoro Fairfield, CA 94534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSB Student	\$10.00	\$390.00	2018P: \$475.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Michael Tessaro San Jose, CA 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intero Real Estate Services Realtor	\$250.00	\$265.00	2018P: \$275.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2144 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2017	David Tessler Mountain View, CA 94041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Instructional Designer	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	David Tessler Mountain View, CA 94041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Instructional Designer	\$25.00	\$100.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Kendal Texeira San Diego, CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kendal Texeira Life Coach	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2145</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Kendal Texeira San Diego, CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kendal Texeira Life Coach	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Kendal Texeira San Diego, CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kendal Texeira Life Coach	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2146</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Britt Thal Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Stephen Thal Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Geri Thayer Belvedere, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$175.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2147 of 2602

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	The Bicycle Hotel Casino Bell Gardens, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
11/7/2017	The Burnham Committee Chicago, IL 60632	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2018P: \$500.00
12/13/2017	Yee Phong Thian San Gabriel, CA 91776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Royal Business Bank President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
9/16/2017	Angelica Thieriot San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2148</u> of <u>2602</u>
		I.D. Number 1375287

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Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Brady Thomas Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Pacific Mortgage Banker	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Garett Thomas San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peninsula Television Inc. Program Director/Studio Manager	\$200.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2149</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	Jeanine Thomas Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$2,500.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Jeanine Thomas Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,500.00	2018P: \$3,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Jennifer Starr Thomas Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Virgin America Public Relations	\$100.00	\$100.00	2018P: \$250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2150 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Tina A. Thomas Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas Law Group Attorney	\$29,200.00	\$29,200.00	2018P: \$29,200.00
9/26/2017	Jeff Thompson San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aventi Group Marketing	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Kathleen Thompson Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Limoneira Human Resources Director	\$25.00	\$300.00	2018P: \$350.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2151</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Kathleen Thompson Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Limoneira Human Resources Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Kathleen Thompson Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Limoneira Human Resources Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2152 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Kathleen Thompson Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Limoneira Human Resources Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Kathleen Thompson Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Limoneira Human Resources Director	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Kathleen Thompson Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Limoneira Human Resources Director	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2153</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Kevin Thompson San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First American Title Senior Escrow Officer	\$50.00	\$150.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Laurie Thompson San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gap, Inc. Management	\$500.00	\$800.00	2018P: \$1,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2154 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Michael Thompson Garberville, CA 95542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$175.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Mitchell Thompson Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace in Medicine Community Liaison	\$200.00	\$250.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Mitchell Thompson Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peace in Medicine Community Liaison	\$50.00	\$250.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2155</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Steven Thompson San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate Services, Inc. Senior Project Manager	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Timothy Thompson Houma, LA 70360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$9,500.00	\$9,500.00	2018P: \$9,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2156</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/19/2017	Helen M. Thomson Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$735.00	2018P: \$735.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2157</u> of <u>2602</u>
		I.D. Number 1375287

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Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2158</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$735.00	2018P: \$735.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2159 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2160 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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11/29/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$735.00	2018P: \$735.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2161 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Karen Thorburn Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$735.00	2018P: \$735.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/5/2017	Lynn Thorensen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	De Anza Community College Instructor	\$5.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2162</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/5/2017	Lynn Thorensen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	De Anza Community College Instructor	\$5.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Lynn Thorensen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	De Anza Community College Instructor	\$5.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/5/2017	Lynn Thorensen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	De Anza Community College Instructor	\$5.00	\$180.00	2018P: \$180.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2163</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Lynn Thorensen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	De Anza Community College Instructor	\$5.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Lynn Thorensen Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	De Anza Community College Instructor	\$5.00	\$180.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2164 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Sebastian Thrun Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Udacity President	\$500.00	\$1,000.00	2018P: \$1,000.00
12/27/2017	Sebastian Thrun Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Udacity President	\$500.00	\$1,000.00	2018P: \$1,000.00
8/31/2017	Harry Thurston Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Harry Thurston Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00

**SUBTOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2165</u> of <u>2602</u>		
I.D. Number 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Harry Thurston Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Harry Thurston Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2166</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Harry Thurston Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Douglas Tilden Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	James Tilley Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2167</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	James Tilley Moraga, CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Barbara Timmer Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2168 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Barbara Timmer Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Barbara Timmer Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Barbara Timmer Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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OTH - Other  
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SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2169</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Barbara Timmer Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Barbara Timmer Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>2170</u> of <u>2602</u> I.D. Number 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	Tinsley Huston-Wiley Interior Design, LLC Mill Valley, CA 94941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$12,961.00	2018P: \$13,461.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Tinsley Huston-Wiley Interior Design, LLC Mill Valley, CA 94941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$12,961.00	2018P: \$13,461.00
7/27/2017	Marcia Tipton Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$350.00	2018P: \$350.00
8/31/2017	Marcia Tipton Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$350.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2171 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Marcia Tipton Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Marcia Tipton Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2172</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Marcia Tipton Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Laurie Tisch New York, NY 10065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laurie Tisch Philanthropist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
7/31/2017	Elizabeth Tobias La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2173 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2017	Elizabeth Tobias La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Elizabeth Tobias La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Killian Tobin Chicago, IL 60625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Omega Grid Chief Executive Officer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2174</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Shannon Tobin Bedford, WY 83112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shannon Tobin Investor	\$1,500.00	\$1,750.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Shannon Tobin Bedford, WY 83112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shannon Tobin Investor	\$250.00	\$1,750.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2175</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Bruce Tobman Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$152.50	2018P: \$152.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Bruce Tobman Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$152.50	2018P: \$152.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Bruce Tobman Benicia, CA 94510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$152.50	2018P: \$152.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2176 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Sunil Tomar Fremont, CA 94539	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brillus, Inc. Chief Executive Officer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
7/11/2017	Carole Tomaras Los Angeles, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logix Federal Credit Union (FCU) Loan Officer	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Carole Tomaras Los Angeles, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logix Federal Credit Union (FCU) Loan Officer	\$25.00	\$300.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2177</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Carole Tomaras Los Angeles, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logix Federal Credit Union (FCU) Loan Officer	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Carole Tomaras Los Angeles, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logix Federal Credit Union (FCU) Loan Officer	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2178</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/11/2017	Carole Tomaras Los Angeles, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logix Federal Credit Union (FCU) Loan Officer	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Carole Tomaras Los Angeles, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logix Federal Credit Union (FCU) Loan Officer	\$25.00	\$300.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Craig Tomasello San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sprig Electric Electrician	\$27.00	\$324.00	2018P: \$1,028.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2179</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Craig Tomasello San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sprig Electric Electrician	\$27.00	\$324.00	2018P: \$1,028.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/12/2017	Craig Tomasello San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sprig Electric Electrician	\$27.00	\$324.00	2018P: \$1,028.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2180</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Craig Tomasello San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sprig Electric Electrician	\$27.00	\$324.00	2018P: \$1,028.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/12/2017	Craig Tomasello San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sprig Electric Electrician	\$27.00	\$324.00	2018P: \$1,028.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Craig Tomasello San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sprig Electric Electrician	\$27.00	\$324.00	2018P: \$1,028.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2181</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Peter Tontoz Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Physician	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Edward Topham San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Topham Company Real Estate	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2182 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Rhet Topham Palm Springs, CA 92263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/23/2017	Andrew Toplarski Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turning Wheel Company Trade Show Manager	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Andrew Toplarski Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turning Wheel Company Trade Show Manager	\$25.00	\$275.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 2183 of 2602

SEE INSTRUCTIONS ON REVERSE

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1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Andrew Toplarski Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turning Wheel Company Trade Show Manager	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Andrew Toplarski Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turning Wheel Company Trade Show Manager	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2184</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2017	Andrew Toplarski Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Turning Wheel Company Trade Show Manager	\$25.00	\$275.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/7/2017	Jeff Torchon Sausalito, CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alpha Financial Markets Consulting Business and Systems Consulting	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	John Tornow Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Community College District Educator	\$20.00	\$180.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2185</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	John Tornow Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Community College District Educator	\$25.00	\$180.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	John Tornow Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Community College District Educator	\$20.00	\$180.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2186 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	John Tornow Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Community College District Educator	\$20.00	\$180.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	John Tornow Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Community College District Educator	\$20.00	\$180.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	David A. Torres Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of David A. Torres and Associates Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2187 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Richard Torres Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$200.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	James Toth Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Artists Agency Talent Agent	\$19,200.00	\$31,700.00	2018P: \$29,200.00 2018G: \$15,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Erik Toulon Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBS Films Attorney	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2188</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Anne Smith Towbes Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,500.00	2018P: \$1,500.00
7/26/2017	Hosia Towery San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$400.00	2018P: \$600.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Mal Towery San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$400.00	2018P: \$550.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2189 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Jeffrey Towns Gardena, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clear View Attorney	\$250.00	\$1,250.00	2018P: \$1,250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Jeffrey Towns Gardena, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clear View Attorney	\$1,000.00	\$1,250.00	2018P: \$1,250.00
7/25/2017	Ben Trainer Carmel Valley, CA 93924	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biomedical Devices Business Administration	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2190</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/14/2017	Tara Tramayne Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwest Airlines Flight Attendant	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	Tara Tramayne Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwest Airlines Flight Attendant	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2191 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2017	Tara Tramayne Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwest Airlines Flight Attendant	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Tara Tramayne Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwest Airlines Flight Attendant	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Tara Tramayne Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwest Airlines Flight Attendant	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2192</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Tara Tramayne Livermore, CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southwest Airlines Flight Attendant	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/21/2017	David Trapp Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$520.00	2018P: \$520.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2193</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	David Trapp Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$520.00	2018P: \$520.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	David Trapp Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$520.00	2018P: \$520.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	David Trapp Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$520.00	2018P: \$520.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2194</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Ian Trask Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Trask Engineer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Ian Trask Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Trask Engineer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2195</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Ian Trask Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Trask Engineer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Ian Trask Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Trask Engineer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Virginia Traub Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Visa Finance	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2196</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Margaret Trawick Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/17/2017	Margaret Trawick Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b> Page <u>2197</u> of <u>2602</u> I.D. Number 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2017	Margaret Trawick Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$200.00	2018P: \$260.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/17/2017	Tineke Triggs San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tineke Triggs Interior Designer	\$500.00	\$501.25	2018P: \$501.25
10/16/2017	Trinity Consulting Dublin, CA 94568	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2018P: \$100.00
9/26/2017	Deidre Triplett San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2198</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Nathaniel Trives Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Shane Troll Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	iSing Silicon Valley Teacher	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2199</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Shane Troll Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	iSing Silicon Valley Teacher	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Shane Troll Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	iSing Silicon Valley Teacher	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Shane Troll Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	iSing Silicon Valley Teacher	\$25.00	\$300.00	2018P: \$300.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2200 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Shane Troll Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	iSing Silicon Valley Teacher	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Shane Troll Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	iSing Silicon Valley Teacher	\$25.00	\$300.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
Page <u>2201</u> of <u>2602</u>		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	True Compass, LLC San Francisco, CA 94127	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2018P: \$2,500.00
10/29/2017	Alan Tsai Los Angeles, CA 90021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NPE of California Owner	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Townson Tsai Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Group Physician	\$10.00	\$170.00	2018P: \$460.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2202</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2017	Townson Tsai Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Group Physician	\$10.00	\$170.00	2018P: \$460.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Townson Tsai Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Group Physician	\$10.00	\$170.00	2018P: \$460.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Townson Tsai Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Group Physician	\$10.00	\$170.00	2018P: \$460.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2203</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Townson Tsai Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Group Physician	\$10.00	\$170.00	2018P: \$460.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Townson Tsai Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Group Physician	\$10.00	\$170.00	2018P: \$460.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2204</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/18/2017	Sylvia Tsang Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Sylvia Tsang Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Sylvia Tsang Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2205</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Sylvia Tsang Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Sylvia Tsang Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2206 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Stephanie Tucker Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Gina Tuckey Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Martin Bros. Supply, Inc. President	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Robert Tuckey Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Martin Bros. Supply, Inc. Owner	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2207</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Myron Turbow Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Jennifer Turk Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County District Attorney's Office Deputy District Attorney	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2208</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2017	Jennifer Turk Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County District Attorney's Office Deputy District Attorney	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Jennifer Turk Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County District Attorney's Office Deputy District Attorney	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Jennifer Turk Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County District Attorney's Office Deputy District Attorney	\$25.00	\$325.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2209 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Jennifer Turk Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County District Attorney's Office Deputy District Attorney	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Jennifer Turk Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles County District Attorney's Office Deputy District Attorney	\$25.00	\$325.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2210 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/14/2017	Lauren Turner Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Turner Interior Designer	\$10,000.00	\$20,000.00	2018P: \$20,000.00
12/14/2017	Lauren Turner Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lauren Turner Interior Designer	\$10,000.00	\$20,000.00	2018P: \$20,000.00
10/16/2017	Rebecca Lynn Turner San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lincoln Glen Manor Nursing Home Administrator	\$200.00	\$300.00	2018P: \$300.00
9/18/2017	Scott Turpel Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Incompetent Pictures Writer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2211 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Kevin Twibill San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kevin Twibill Mover	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Kevin Twibill San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kevin Twibill Mover	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Kevin Twibill San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kevin Twibill Mover	\$50.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2212</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Kevin Twibill San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kevin Twibill Mover	\$50.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Greg Tyler Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palm Desert High School Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2213</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Greg Tyler Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palm Desert High School Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Greg Tyler Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palm Desert High School Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Greg Tyler Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palm Desert High School Teacher	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2214</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Katherine Tynan San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$200.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Neilan Tyree Jacksonville, FL 32207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Propeller Group Business Development	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet)

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2215 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	U.A. Local 38 COPE Fund San Francisco, CA 94103 Committee ID: 746875	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$28,400.00	\$33,400.00	2018P: \$29,200.00 2018G: \$29,200.00
10/23/2017	U.S. Concrete, Inc. Eules, TX 76039	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
11/14/2017	U.S. Freight Systems, Inc. Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018P: \$2,000.00
10/16/2017	Frank R. Ubhaus San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berliner Cohen Law Attorney	\$250.00	\$250.00	2018P: \$250.00
10/12/2017	Kalinda Ukanwa Zeiger Philadelphia, PA 19139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Student	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2216</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Brian Ulm Monrovia, CA 91016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AT&T Information Technology Senior Business Manager	\$50.00	\$200.00	2018P: \$650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Umberg/Zipser, LLP Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/28/2017	Wendy Umphrey San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Baker Street Advisors, LLC Investment Management	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2217 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	Donald Ungar San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Sean Unger Berkeley, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paul Hastings Attorney	\$375.00	\$375.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/19/2017	Union Pacific Railroad Company Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$27,000.00	\$27,000.00	2018P: \$27,000.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2218</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Marc Unterman Atlanta, GA 30342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gwinnett Medical Group Cardiologist	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/7/2017	Edy Unthank San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Bhupinder S. Uppal Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Risk Management Consulting Services, Inc. President	\$2,500.00	\$2,500.00	2018P: \$2,500.00
11/16/2017	Bob Uppal Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ranchomure Businessman	\$2,500.00	\$0.00	2018P: \$0.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2219</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Bob Uppal Pleasanton, CA 94566 Memo Reference: IDT105794	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ranchomure Businessman	(\$2,500.00)	\$0.00	2018P: \$0.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Mary Urquhart South Pasadena, CA 91030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Urquhart Designer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2220 of 2602
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/23/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/23/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$5.00	\$135.00	2018P: \$135.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2221</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$25.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2222 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$5.00	\$135.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/23/2017	Kimberly Urrea San Rafael, CA 94976	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marche Hospitality	\$5.00	\$135.00	2018P: \$135.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2223</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2224</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2225</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2226 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/21/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2227</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2228</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2229</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2230</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/17/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Martha Utz San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$3.00	\$133.00	2018P: \$326.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2231</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/2/2017	Ben Uyemura Rio Vista, CA 94571	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/5/2017	Anish Vaishnav San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lazard Freres Investment Banker	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Meta Valentic Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBS Television Studios Assistant Director	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2232 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Valentia Valentine Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$25,000.00	2018P: \$25,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	Valentia Valentine Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$25,000.00	2018P: \$25,000.00
9/15/2017	Valentia Valentine Pebble Beach, CA 93953 Memo Reference: IDT94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	(\$5,000.00)	\$25,000.00	2018P: \$25,000.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2233</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Dove Vallender Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Foreign Exchange Specialist	\$50.00	\$101.25	2018P: \$101.25
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Dove Vallender Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Foreign Exchange Specialist	\$50.00	\$101.25	2018P: \$101.25
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2234</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/21/2017	Valley Cancer Medical Center, Inc. Manteca, CA 95336	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
12/5/2017	Peter Vallone Vista, CA 92081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/24/2017	Henry Van Ameringen New York, NY 10011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$10,000.00	\$10,000.00	2018P: \$12,500.00
10/21/2017	James Van Beek Los Angeles, CA 90038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Specialty Health Compliance Officer	\$50.00	\$150.00	2018P: \$400.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2235</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/14/2017	Corina Van De Pol Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marshall Ketchum University Professor	\$25.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Corina Van De Pol Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marshall Ketchum University Professor	\$25.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2236</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Jonathan Van Ee Dublin, CA 94568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Jonathan Van Ee Attorney	\$100.00	\$100.00	2018P: \$100.00
7/30/2017	Eliza Van Gerbig Emeryville, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Illumina Designer	\$100.00	\$175.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Jeff Van Herpen San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Godfrey Q and Partners Controller	\$25.00	\$225.00	2018P: \$700.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2237 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2238</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/18/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2239 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/18/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 2240 of 2602
I.D. Number 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$200.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2241 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 2242 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/18/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2243 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2244</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Joe Vance West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Domain Agency Talent Agent	\$100.00	\$3,700.00	2018P: \$5,220.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Charmagne Vanderweel San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$112.50	2018P: \$117.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2245</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Joanna Varga Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glaze 'N Seal Sales	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/2/2017	Joanna Varga Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glaze 'N Seal Sales	\$25.00	\$145.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Joanna Varga Antelope, CA 95843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glaze 'N Seal Sales	\$20.00	\$145.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2246</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Jennifer Varsak Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accasbel Wines Wine Consultant	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Jennifer Varsak Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accasbel Wines Wine Consultant	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2247 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2017	Jennifer Varsak Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accasbel Wines Wine Consultant	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Jennifer Varsak Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accasbel Wines Wine Consultant	\$25.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Varshyl, Inc. San Jose, CA 95148	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2248</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Lou Vasquez San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUILD Real Estate	\$1,500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/12/2017	Rick Vaughn San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AppDynamics, Inc. Senior Resident Engineer	\$25.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/12/2017	Rick Vaughn San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AppDynamics, Inc. Senior Resident Engineer	\$25.00	\$175.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2249</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Victor Vazquez Hayward, CA 94544	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bank of San Francisco Banker	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Miguel Velasquez Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miguel Velasquez Construction	\$50.00	\$475.00	2018P: \$712.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2250 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2017	Miguel Velasquez Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miguel Velasquez Construction	\$50.00	\$475.00	2018P: \$712.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Miguel Velasquez Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miguel Velasquez Construction	\$100.00	\$475.00	2018P: \$712.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Miguel Velasquez Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miguel Velasquez Construction	\$100.00	\$475.00	2018P: \$712.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2251 of 2602

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Miguel Velasquez Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Miguel Velasquez Construction	\$100.00	\$475.00	2018P: \$712.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Michael Vellard San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ultragenyx Vice President of Research	\$250.00	\$250.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2252 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Eric Verdin San Francisco, CA 94158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buck Institute Chief Executive Officer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Pattie Vericella Beverly Hills, CA 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pattie Vericella Restaurateur	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	Vishal Verma Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edgewood Ventures General Partner	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2253</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/23/2017	Julie Veronese San Francisco, CA 94147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Mundy Viar Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palm Springs Unified School District Educator	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2254</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Mundy Viar Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palm Springs Unified School District Educator	\$25.00	\$100.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Jaydeen Vicente Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Genentech Sales	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Jaydeen Vicente Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Genentech Sales	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2255</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Jaydeen Vicente Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Genentech Sales	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Jaydeen Vicente Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Genentech Sales	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2256 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Viejas Tribal Government Alpine, CA 91901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,200.00	\$5,200.00	2018P: \$29,200.00 2018G: \$29,200.00
7/20/2017	Viejas Tribal Government Alpine, CA 91901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$5,200.00	2018P: \$29,200.00 2018G: \$29,200.00
10/8/2017	Francesca Vietor San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Foundation Senior Director	\$500.00	\$500.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Bruce Vilanch Los Angeles, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,500.00	\$1,500.00	2018P: \$1,500.00

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2257</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Carol Vincent San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Czarnowski Manager of Client Services	\$25.00	\$160.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Carol Vincent San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Czarnowski Manager of Client Services	\$25.00	\$160.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2258</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Carol Vincent San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Czarnowski Manager of Client Services	\$25.00	\$160.00	2018P: \$190.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/6/2017	Beth Viola Arlington, VA 22207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holland & Knight, LLP Lobbyist	\$1,000.00	\$1,000.00	2018P: \$2,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Gwynned Vitello Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gwynned Vitello Media Publisher	\$1,100.00	\$28,500.00	2018P: \$29,200.00 2018G: \$1,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2259</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Gwynned Vitello Burlingame, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gwynned Vitello Media Publisher	\$4,900.00	\$28,500.00	2018P: \$29,200.00 2018G: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/24/2017	Kathryn Vizas Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2260</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/9/2017	Paul Vizcaino Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Strategy Group Chief Executive Officer/President	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Elizabeth Vobach San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/8/2017	Eija Vogel Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2261</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Eija Vogel Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Eija Vogel Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2262</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2017	Anne Voigts Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	King & Spalding, LLP Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Jane Von Bothmer San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Connect the Dots Founder	\$500.00	\$500.00	2018P: \$1,750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/28/2017	Brian Voss San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zillow, Inc. Software Engineer Manager	\$500.00	\$2,100.00	2018P: \$2,100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2263</u> of <u>2602</u>	
I.D. Number 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Brian Voss San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zillow, Inc. Software Engineer Manager	\$500.00	\$2,100.00	2018P: \$2,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Brian Voss San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zillow, Inc. Software Engineer Manager	\$500.00	\$2,100.00	2018P: \$2,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2264 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2017	Bernhard Votteri San Carlos, CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$400.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Nhan Vu Fullerton, CA 92833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Justice Deputy Attorney General	\$100.00	\$100.00	2018P: \$100.00
7/11/2017	Cheryl Wachel Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2265</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2017	Cheryl Wachel Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Cheryl Wachel Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Cheryl Wachel Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2266 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Cheryl Wachel Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Cheryl Wachel Rancho Cucamonga, CA 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$350.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2267 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/15/2017	Douglas Waggener San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Douglas Waggener Banker	\$10,000.00	\$10,000.00	2018P: \$10,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Wells Wagner Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Wells Wagner Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$160.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2268</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Wells Wagner Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$110.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Wells Wagner Santa Rosa, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$110.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2269</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Naeem Wahab Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Coast Financial Corporation President	\$750.00	\$750.00	2018P: \$750.00
7/27/2017	Emily Walder Venice, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Emily Walder Veterinary Pathologist	\$5.00	\$205.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Mary Walker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fidelity National Information Services, Inc. Business Analyst	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2270</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2017	Mary Walker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fidelity National Information Services, Inc. Business Analyst	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Mary Walker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fidelity National Information Services, Inc. Business Analyst	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Mary Walker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fidelity National Information Services, Inc. Business Analyst	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2271</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Mary Walker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fidelity National Information Services, Inc. Business Analyst	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Mary Walker San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fidelity National Information Services, Inc. Business Analyst	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2272</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2017	Ryan Walker Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/6/2017	Ryan Walker San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Milestone, Inc. Tableau Developer	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/26/2017	Ryan Walker Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2273</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Ryan Walker San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Milestone, Inc. Tableau Developer	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Ryan Walker Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2274 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Ryan Walker San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Milestone, Inc. Tableau Developer	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/26/2017	Ryan Walker Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Ryan Walker San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Milestone, Inc. Tableau Developer	\$25.00	\$300.00	2018P: \$325.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2275</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/26/2017	Ryan Walker Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Ryan Walker San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Milestone, Inc. Tableau Developer	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2276 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/2017	Ryan Walker Los Angeles, CA 90027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Ryan Walker San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Milestone, Inc. Tableau Developer	\$25.00	\$300.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Summer Walker San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Walker Valentine Design/Manufacturing	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2277 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/23/2017	Barry Wallerstein Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barry Wallerstein Environmental Management	\$100.00	\$100.00	2018P: \$100.00
9/18/2017	Lindsay Walsh Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stella & Dot Sales	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	David Walter New York, NY 10014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Walter Writer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2278</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Diane Walton San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United States Department of Labor Chief	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/4/2017	Martin Walton El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2279 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2017	Martin Walton El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/4/2017	Martin Walton El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/4/2017	Martin Walton El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2280</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/4/2017	Martin Walton El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/4/2017	Martin Walton El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2281</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Martin Walton El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$160.00	2018P: \$160.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Carolyn Wang West Hollywood, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legendary Corporate Finance	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Sam Ward San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GrayMeta, Inc. Programmer	\$50.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2282</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Sam Ward San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GrayMeta, Inc. Programmer	\$50.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Sam Ward San Francisco, CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GrayMeta, Inc. Programmer	\$50.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2283</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/15/2017	Julie Ward-Loveland Alhambra, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$200.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/15/2017	Julie Ward-Loveland Alhambra, CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Unified School District Teacher	\$25.00	\$200.00	2018P: \$305.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Karin Warnelius-Miller Geyserville, CA 95441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karin Warnelius-Miller Winegrower	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2284</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Alyssa Warnock San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hiball Energy, Inc. Graphic Designer	\$1,000.00	\$1,000.00	2018P: \$3,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	John Washko San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Waldorf Astoria Executive	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2285</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2017	Thomas Wasow Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Professor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Marny J. Wasserman Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marny J. Wasserman Interior Design	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Marny J. Wasserman Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marny J. Wasserman Interior Design	\$100.00	\$200.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2286 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Richard L. Watkins Cayucos, CA 93430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard L. Watkins Real Estate Broker	\$25.00	\$100.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Richard L. Watkins Cayucos, CA 93430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard L. Watkins Real Estate Broker	\$25.00	\$100.00	2018P: \$135.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2287 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2017	Brent Watson West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Compass Broker	\$1,500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Keith Watson San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aduro Biotech Project Manager	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Keith Watson San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aduro Biotech Project Manager	\$10.00	\$120.00	2018P: \$120.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2288</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Keith Watson San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aduro Biotech Project Manager	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Keith Watson San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aduro Biotech Project Manager	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2289 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Keith Watson San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aduro Biotech Project Manager	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Keith Watson San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aduro Biotech Project Manager	\$10.00	\$120.00	2018P: \$120.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Richard Watters Fresno, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Miles, Sears & Eanni Attorney	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2290</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/27/2017	John Wayland Danville, CA 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holland Partner Group Real Estate Development	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Betsy Webster Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Betsy Webster Interior Designer	\$50.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Betsy Webster Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Betsy Webster Interior Designer	\$50.00	\$150.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2291</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Karen Wehrman Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Karen Wehrman Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2292</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2017	Karen Wehrman Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/5/2017	Nadine Weil San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nadine Weil Environmental Consultant	\$500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Nadine Weil San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nadine Weil Marketing	\$500.00	\$500.00	2018P: \$4,700.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2293 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Geraldine L. Weimers Los Gatos, CA 95033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Geraldine L. Weimers Journalist	\$250.00	\$250.00	2018P: \$250.00
9/23/2017	Carl Weinberg Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/25/2017	Brian Weinstein Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bad Robot Executive	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2294</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Daniel H. Weinstein San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JAMS Mediation, Arbitration, ADR Services Mediator	\$5,000.00	\$5,000.00	2018P: \$5,000.00
12/1/2017	Jill Weinstein San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$525.00	2018P: \$525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Heather Weinstock El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sedna Films Producer	\$5.00	\$130.00	2018P: \$220.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2295 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Scott Weintraub Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nations Direct Mortgage, LLC Chief Compliance Officer	\$100.00	\$250.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/9/2017	Ed Weisbrod Coronado, CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2296 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Carolyn B. Welch Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Coast Opportunities, Inc. Chief Financial Officer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	David Welch Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David Welch Producer	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	David Welch Los Angeles, CA 90071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	D R Welch Attorneys at Law Attorney	\$2,500.00	\$2,500.00	2018P: \$12,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2297 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	Jake Welch San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ValueAct Capital Investor	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Leif Wellington-Haase Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Leif Wellington-Haase Consulting Political Consultant	\$500.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2298 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Leif Wellington-Haase Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Leif Wellington-Haase Consulting Political Consultant	\$250.00	\$1,500.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Jane Wellman Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/14/2017	William Wells Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Wells Composer	\$50.00	\$3,100.00	2018P: \$3,150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2299</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/14/2017	William Wells Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Wells Composer	\$50.00	\$3,100.00	2018P: \$3,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/14/2017	William Wells Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Wells Composer	\$50.00	\$3,100.00	2018P: \$3,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2300 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2017	William Wells Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Wells Composer	\$50.00	\$3,100.00	2018P: \$3,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	William Wells Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Wells Composer	\$50.00	\$3,100.00	2018P: \$3,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	William Wells Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Wells Composer	\$2,500.00	\$3,100.00	2018P: \$3,150.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2301</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/14/2017	William Wells Santa Monica, CA 90401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Wells Composer	\$50.00	\$3,100.00	2018P: \$3,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Michael Wendler San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Mateo County Attorney	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2302</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/19/2017	Christine Wendling San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$975.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Christine Wendling San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$975.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Christine Wendling San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$975.00	2018P: \$975.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2303</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Christine Wendling San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$975.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/1/2017	Christine Wendling San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$975.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2304</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Christine Wendling San Jose, CA 95123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$975.00	2018P: \$975.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	WendPAC Modesto, CA 95351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/16/2017	Wendy's of the Pacific Modesto, CA 95351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2305</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Beth Wenger Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beth Wenger Teacher	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Brooke Wentz San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seven Seas Music Chief Executive Officer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2306 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Dale Wentz Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teamsters Local 150 Business Representative	\$100.00	\$200.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/7/2017	Minott Wessinger San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Mckenzie River Corporation Co-Founder/President	\$25,000.00	\$25,000.00	2018P: \$25,000.00
10/17/2017	Colin West Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morgan Lewis Attorney	\$1,000.00	\$1,000.00	2018P: \$1,525.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2307</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2017	Dana West Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified School District Teacher	\$15.00	\$180.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Dana West Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified School District Teacher	\$15.00	\$180.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Dana West Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified School District Teacher	\$15.00	\$180.00	2018P: \$465.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 2308 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/29/2017	Dana West Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified School District Teacher	\$15.00	\$180.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Dana West Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified School District Teacher	\$15.00	\$180.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2309 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	Dana West Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berkeley Unified School District Teacher	\$15.00	\$180.00	2018P: \$465.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Marlys West Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marlys West Music Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Marlys West Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marlys West Music Teacher	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2310 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Marlys West Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marlys West Music Teacher	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Gerald Westermann Corona, CA 92881	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$325.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2311</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2017	Western United Dairymen PAC Sacramento, CA 95814 Committee ID: 771500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	2018P: \$10,000.00
10/9/2017	Marilyn Weyant San Rafael, CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Roy Wheat Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CVS Pharmacy Stock Clerk	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2312</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2017	Roy Wheat Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CVS Pharmacy Stock Clerk	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Roy Wheat Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CVS Pharmacy Stock Clerk	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Roy Wheat Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CVS Pharmacy Stock Clerk	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2313</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Carey White San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Positive Arts, LLC Systems Architect	\$50.00	\$175.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	Carey White San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Positive Arts, LLC Systems Architect	\$25.00	\$175.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2314 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2017	Carey White San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Positive Arts, LLC Systems Architect	\$25.00	\$175.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Carol White Orangevale, CA 95662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/29/2017	Christina Z. White San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KQED Arts Senior Designer	\$25.00	\$300.00	2018P: \$775.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2315 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/29/2017	Christina Z. White San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KQED Arts Senior Designer	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Christina Z. White San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KQED Arts Senior Designer	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2316 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2017	Christina Z. White San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KQED Arts Senior Designer	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Christina Z. White San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KQED Arts Senior Designer	\$25.00	\$300.00	2018P: \$775.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/29/2017	Christina Z. White San Francisco, CA 94141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KQED Arts Senior Designer	\$25.00	\$300.00	2018P: \$775.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2317</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Jean-Marie White San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Netflix Director of Engineering	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Rosalind Whitehead San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$125.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2318 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2017	Kevin Whitelaw Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pediatric Multispecialty Medical Group Physician	\$100.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Kevin Whitelaw Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pediatric Multispecialty Medical Group Physician	\$400.00	\$550.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Kevin Whitelaw Kentfield, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pediatric Multispecialty Medical Group Physician	\$50.00	\$550.00	2018P: \$550.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2319 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Julian Whitelegge Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Professor	\$50.00	\$150.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Julian Whitelegge Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, Los Angeles Professor	\$50.00	\$150.00	2018P: \$290.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2320 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Mark Whitfield Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$50.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Mark Whitfield Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$25.00	\$225.00	2018P: \$225.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Mark Whitfield Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Registered Nurse	\$50.00	\$225.00	2018P: \$225.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2321</u> of <u>2602</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Lynda Whitney Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Skip Whitney Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kidder Matthews Real Estate	\$250.00	\$750.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2322</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/18/2017	Skip Whitney Mill Valley, CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kidder Matthews Real Estate	\$500.00	\$750.00	2018P: \$1,350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Arthur T. Whittaker Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Arthur T. Whittaker Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5.00	\$130.00	2018P: \$205.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2323</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/23/2017	Arthur T. Whittaker Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$205.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/6/2017	John Wick Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2324 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2017	Lisa Widup Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Apple, Inc. Attorney	\$100.00	\$100.00	2018P: \$100.00
9/15/2017	Steven Wilburn Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FirmGreen Incorporation Chief Executive Officer	\$250.00	\$750.00	2018P: \$750.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Kendall Wilkinson San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kendall Wilkinson Interior Designer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2325</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Lisa Wilkinson Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Digital Marketing Manager	\$25.00	\$225.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/20/2017	Lisa Wilkinson Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Digital Marketing Manager	\$25.00	\$225.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Lisa Wilkinson Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Digital Marketing Manager	\$25.00	\$225.00	2018P: \$375.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2326</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Lisa Wilkinson Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Digital Marketing Manager	\$25.00	\$225.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Lisa Wilkinson Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Digital Marketing Manager	\$25.00	\$225.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2327</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Lisa Wilkinson Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Digital Marketing Manager	\$25.00	\$225.00	2018P: \$375.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Bessie Williams Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/2/2017	Bruce Williams Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Teachers Los Angeles Union Representative	\$25.00	\$285.00	2018P: \$360.00
<b>SUBTOTAL</b>						

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OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2328</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Bruce Williams Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Teachers Los Angeles Union Representative	\$50.00	\$285.00	2018P: \$360.00
9/16/2017	Bruce Williams Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Teachers Los Angeles Union Representative	\$25.00	\$285.00	2018P: \$360.00
10/3/2017	Bruce Williams Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Teachers Los Angeles Union Representative	\$25.00	\$285.00	2018P: \$360.00
10/17/2017	Bruce Williams Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Teachers Los Angeles Union Representative	\$15.00	\$285.00	2018P: \$360.00
11/7/2017	Bruce Williams Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Teachers Los Angeles Union Representative	\$15.00	\$285.00	2018P: \$360.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2329 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Bruce Williams Los Angeles, CA 90041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Teachers Los Angeles Union Representative	\$25.00	\$285.00	2018P: \$360.00
9/23/2017	Katherine Williams Wilsonville, OR 97070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Katherine Williams Wilsonville, OR 97070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2330</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Susan Williams Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loeb & Loeb, LLP Attorney	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/30/2017	Trish Williams San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trish Williams Education Policy/Reforms	\$100.00	\$100.00	2018P: \$100.00
7/10/2017	Mitch Williamson San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$4,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2331 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2017	Mitch Williamson San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$4,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Mitch Williamson San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$4,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/10/2017	Mitch Williamson San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$4,150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2332</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Mitch Williamson San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$4,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Mitch Williamson San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$3,000.00	2018P: \$4,150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2333 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2017	Valerie Williamson Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Economist Executive	\$25.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Valerie Williamson Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Economist Executive	\$25.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Valerie Williamson Piedmont, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Economist Executive	\$50.00	\$125.00	2018P: \$175.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2334</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/12/2017	Keith Willis West Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Innovative Theatres, Inc. Designer	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Douglas Wilson Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2335</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/2017	Kara Wilson New York, NY 10013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cooley, LLP Attorney	\$100.00	\$100.00	2018P: \$405.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/22/2017	Patricia Wilson El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/22/2017	Patricia Wilson El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$175.00	2018P: \$175.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2336</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Patricia Wilson El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Patricia Wilson El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2337 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2017	Patricia Wilson El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Patricia Wilson El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$175.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/23/2017	R. Marilyn Wilson Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$150.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2338</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/11/2017	Martha Winans Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/11/2017	Martha Winans Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2339 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2017	Martha Winans Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Martha Winans Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Martha Winans Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2340 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Martha Winans Whittier, CA 90601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$300.00	2018P: \$350.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/9/2017	Claude Windell Montara, CA 94037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2341</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Janet Windt Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Health Nurse	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Todd Wingate Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside Art Museum Curator	\$100.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Todd Wingate Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside Art Museum Curator	\$100.00	\$500.00	2018P: \$1,100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2342</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Todd Wingate Riverside, CA 92506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside Art Museum Curator	\$100.00	\$500.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2017	Cameron Winklevoss New York, NY 10003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winklevoss Capital Management, LLC Manager	\$15,800.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
10/24/2017	Cameron Winklevoss New York, NY 10003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winklevoss Capital Management, LLC Manager	\$19,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2343 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2017	Cameron Winklevoss New York, NY 10003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winklevoss Capital Management, LLC Manager	\$13,400.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
10/24/2017	Tyler Winklevoss New York, NY 10013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winklevoss Capital Management, LLC Manager	\$19,200.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
10/24/2017	Tyler Winklevoss New York, NY 10013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winklevoss Capital Management, LLC Manager	\$15,800.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
12/20/2017	Tyler Winklevoss New York, NY 10013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Winklevoss Capital Management, LLC Manager	\$13,400.00	\$58,400.00	2018P: \$29,200.00 2018G: \$29,200.00
12/5/2017	Anthony Winnicker San Francisco, CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthony Winnicker Communications Consultant	\$2,500.00	\$2,500.00	2018P: \$4,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2344</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/13/2017	Carol Winters Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Carol Winters Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2345</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Carol Winters Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Carol Winters Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2018P: \$275.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Henri Wintz El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bio-Rad Laboratories Editor	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2346</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/20/2017	Adrienne Winuk Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Manager	\$250.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/20/2017	Adam Witherspoon Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. NetSec Engineer	\$25.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2347 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2017	Adam Witherspoon Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. NetSec Engineer	\$25.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/20/2017	Adam Witherspoon Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesforce, Inc. NetSec Engineer	\$25.00	\$200.00	2018P: \$300.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/1/2017	Philip Witkay San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Macys Merchandise	\$50.00	\$125.00	2018P: \$125.00

**SUBTOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2348 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/27/2017	Nancy Witt San Diego, CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$265.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/27/2017	Nancy Witt San Diego, CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$265.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2349</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2017	Nancy Witt San Diego, CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$265.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Nancy Witt San Diego, CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$265.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/27/2017	Nancy Witt San Diego, CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$265.00	2018P: \$265.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2350</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/27/2017	Nancy Witt San Diego, CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$265.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Nancy Witt San Diego, CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$265.00	2018P: \$265.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2351</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2017	Bill Witte Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Related California Real Estate	\$2,500.00	\$2,500.00	2018P: \$2,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Matthew Witte Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marwit Capital Investor	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/2/2017	Lynn Witter San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Dental Society Dentist	\$100.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2352</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Craig F. Woempner San Diego, CA 92113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$170.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Craig F. Woempner San Diego, CA 92113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$20.00	\$170.00	2018P: \$285.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2353</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2017	Gary Wolf San Jose, CA 95136	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Jamie Wolf Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jamie Wolf Writer	\$250.00	\$2,250.00	2018P: \$6,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/29/2017	Jamie Wolf Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jamie Wolf Writer	\$500.00	\$2,250.00	2018P: \$6,200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2354</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Jamie Wolf Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jamie Wolf Writer	\$500.00	\$2,250.00	2018P: \$6,200.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Lisa Wolf San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RingCentral Director Global Leadership Development	\$50.00	\$480.00	2018P: \$855.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2355 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2017	Lisa Wolf San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RingCentral Director Global Leadership Development	\$25.00	\$480.00	2018P: \$855.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/28/2017	Andrew Wolfe Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrew Wolfe Consultant	\$100.00	\$100.00	2018P: \$450.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Benjamin Wolfe Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andreini & Company Surety	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2356</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Christopher Wondolowski Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/20/2017	Christopher Wondolowski Novato, CA 94945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2357 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Koonshing Wong San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Koonshing Wong Architect	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/20/2017	Winston Wong San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Physician	\$2,000.00	\$2,000.00	2018P: \$2,000.00
7/11/2017	Judith Wood San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2358 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/2017	Judith Wood San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/11/2017	Judith Wood San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Judith Wood San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$140.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2359</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/11/2017	Judith Wood San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/11/2017	Judith Wood San Bruno, CA 94066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$120.00	2018P: \$140.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received


Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2360 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/8/2017	Kitson Wood Novato, CA 94947	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Z Gallerie Administrator	\$500.00	\$0.00	2018P: \$0.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Kitson Wood Novato, CA 94947 Memo Reference: IDT107069	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Z Gallerie Administrator	(\$500.00)	\$0.00	2018P: \$0.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/1/2017	Ronda Wood Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$140.00	2018P: \$165.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2361</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/1/2017	Ronda Wood Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/1/2017	Ronda Wood Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2362 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Ronda Wood Whittier, CA 90603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$140.00	2018P: \$165.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/3/2017	Shawn Wood Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partners Pantry Catering Service Chef/Owner	\$15.00	\$180.00	2018P: \$345.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/5/2017	Shawn Wood Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partners Pantry Catering Service Chef/Owner	\$15.00	\$180.00	2018P: \$345.00

**SUBTOTAL**

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2363</u> of <u>2602</u>
		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/2/2017	Shawn Wood Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partners Pantry Catering Service Chef/Owner	\$15.00	\$180.00	2018P: \$345.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Shawn Wood Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partners Pantry Catering Service Chef/Owner	\$15.00	\$180.00	2018P: \$345.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2364</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Shawn Wood Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partners Pantry Catering Service Chef/Owner	\$15.00	\$180.00	2018P: \$345.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Shawn Wood Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partners Pantry Catering Service Chef/Owner	\$15.00	\$180.00	2018P: \$345.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Alexis Woods San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Free Flow Wines, LLC Founder/Owner	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2365 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/2017	Anne Robinson Woods San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Middleton Farm Owner	\$5,000.00	\$5,000.00	2018P: \$5,000.00
12/9/2017	Laure Woods Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$9,200.00	\$45,000.00	2018P: \$29,200.00 2018G: \$15,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/9/2017	Laure Woods Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15,800.00	\$45,000.00	2018P: \$29,200.00 2018G: \$15,800.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2366 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	GiGi Woodward San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gigi Woodward Artist	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	John Wooldridge Rio Linda, CA 95673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	John Wooldridge Rio Linda, CA 95673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$120.00	2018P: \$145.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2367</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/16/2017	John Wooldridge Rio Linda, CA 95673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	John Wooldridge Rio Linda, CA 95673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2368</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	John Wooldridge Rio Linda, CA 95673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/16/2017	John Wooldridge Rio Linda, CA 95673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$120.00	2018P: \$145.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Mark Woollen San Francisco, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radius Intelligence Computer Software	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2369</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/18/2017	Sally Woolsey Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Sally Woolsey Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2370 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/3/2017	Sally Woolsey Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Sally Woolsey Kensington, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$300.00	2018P: \$400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/10/2017	Kurt Wootton San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$500.00	2018P: \$950.00
<b>SUBTOTAL</b>						

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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2371</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/10/2017	Kurt Wootton San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$500.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/10/2017	Kurt Wootton San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$500.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2372</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Kurt Wootton San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$500.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/10/2017	Kurt Wootton San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$500.00	2018P: \$950.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/10/2017	Kurt Wootton San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$50.00	\$500.00	2018P: \$950.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2373</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/11/2017	Amy Worth Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Amy Worth Vice Mayor	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Brenda Wright San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Regional Director	\$500.00	\$1,250.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2374 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/2017	Bret Wright San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wright On Solutions President	\$100.00	\$100.00	2018P: \$1,500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Karen Wright San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Thomas Wright Moraga, CA 94570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas Wright Sustainable/Green Business Practices	\$2,000.00	\$2,000.00	2018P: \$2,000.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2375</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/12/2017	Brenda Wriht San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Community Reltion Leader	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Judy Xiaoqi Wu Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Better Homes & Gardens Property Manager	\$500.00	\$500.00	2018P: \$500.00
11/12/2017	Richard Wuerth Pinole, CA 94564	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2376</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/30/2017	Virginia Wulff Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$375.00	2018P: \$825.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/27/2017	Virginia Wulff Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$375.00	2018P: \$825.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2377 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/23/2017	Kleanthis Xanthopoulos La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IRRAS Executive	\$1,250.00	\$1,300.00	2018P: \$1,400.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/18/2017	Kevin Xu Los Angeles, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEBO Chief Executive Officer	\$10,000.00	\$10,000.00	2018P: \$10,000.00
11/16/2017	Anil Yadav Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yadav Enterprise, Inc. Owner	\$10,000.00	\$10,000.00	2018P: \$15,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2378 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/2017	Alice Yama-Dang San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agilent Technologies Head of Business Communications	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/3/2017	Alice Yama-Dang San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agilent Technologies Head of Business Communications	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/3/2017	Alice Yama-Dang San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agilent Technologies Head of Business Communications	\$10.00	\$110.00	2018P: \$110.00
<b>SUBTOTAL</b>						

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IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>	
Page <u>2379</u> of <u>2602</u>	
I.D. Number 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/3/2017	Alice Yama-Dang San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agilent Technologies Head of Business Communications	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Alice Yama-Dang San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agilent Technologies Head of Business Communications	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2380 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/3/2017	Alice Yama-Dang San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agilent Technologies Head of Business Communications	\$10.00	\$110.00	2018P: \$110.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Kimberly Yan Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Studio TEN Production Manager	\$25.00	\$125.00	2018P: \$180.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/15/2017	Kimberly Yan Los Angeles, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Studio TEN Production Manager	\$5.00	\$125.00	2018P: \$180.00
<b>SUBTOTAL</b>						

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2381</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/16/2017	Yee Yang Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Telcom Voice Network Engineer	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Yee Yang Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Telcom Voice Network Engineer	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2382 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Yee Yang Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Telcom Voice Network Engineer	\$25.00	\$155.00	2018P: \$155.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/31/2017	Thomas Yanni Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside City College Physical Therapy Faculty	\$50.00	\$600.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/31/2017	Thomas Yanni Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside City College Physical Therapy Faculty	\$50.00	\$600.00	2018P: \$1,100.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2383 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Thomas Yanni Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside City College Physical Therapy Faculty	\$50.00	\$600.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Thomas Yanni Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside City College Physical Therapy Faculty	\$50.00	\$600.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2384 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2017	Thomas Yanni Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside City College Physical Therapy Faculty	\$50.00	\$600.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Thomas Yanni Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside City College Physical Therapy Faculty	\$50.00	\$600.00	2018P: \$1,100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/5/2017	Amy Yanow Los Angeles, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$2,500.00	\$2,500.00	2018P: \$2,500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2385</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/13/2017	Shan Yeh Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MyWireless President	\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/6/2017	Chris Yelton Santa Clara, CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Sage Group Chief Operating Officer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/31/2017	Ronald Yen San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cha-Lon Enterprises Consultant	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2386</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/26/2017	Sophia Yen MD Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pandia Health, Inc. Chief Executive Officer	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Selena Yeung San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burr Pilger & Mayer (BPM) Certified Public Accountant	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2387 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2017	Iris Yi La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/15/2017	Iris Yi La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/19/2017	Nigel York Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2388</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Nigel York Daly City, CA 94014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/8/2017	Vance Yoshida San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vance Yoshida Consultant	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2389</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

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9/1/2017	Herbert Young San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/29/2017	Herbert Young San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$130.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/30/2017	Herbert Young San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$215.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2390 of 2602

SEE INSTRUCTIONS ON REVERSE

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	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/13/2017	Herbert Young San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$10.00	\$130.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/31/2017	Herbert Young San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$15.00	\$130.00	2018P: \$215.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2391</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2017	Sydney Young San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Sydney Young San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$150.00	2018P: \$150.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Terry Young Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$5,000.00	\$5,000.00	2018P: \$5,000.00
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2392 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
8/16/2017	Nikolas Youngsmith San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Student	\$25.00	\$175.00	2018P: \$225.00
9/1/2017	Nikolas Youngsmith San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Student	\$35.00	\$175.00	2018P: \$225.00
11/28/2017	Z&L Properties, Inc. Foster City, CA 94404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$26,205.12	2018P: \$26,205.12
11/16/2017	Deena K. Zacharin San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stebner & Associates Attorney	\$250.00	\$250.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2393 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Zacks, Freedman & Patterson A Professional Corporation San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2018P: \$1,000.00
11/17/2017	ZAG America, LLC Glendale, CA 91201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	2018P: \$15,000.00
9/15/2017	Sebastian Zangaro Rocklin, CA 95765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DXC Technology Software Engineer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/25/2017	Sebastian Zangaro Rocklin, CA 95765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DXC Technology Software Engineer	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2394</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/22/2017	Sebastian Zangaro Rocklin, CA 95765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DXC Technology Software Engineer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/30/2017	Sebastian Zangaro Rocklin, CA 95765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DXC Technology Software Engineer	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2395 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2017	Karen Zaragoza Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wendel Rosen Black & Dean LLP Manager	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/22/2017	Cathleen Zaring Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/22/2017	Cathleen Zaring Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2396</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/24/2017	Cathleen Zaring Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/22/2017	Cathleen Zaring Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2397 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. Number 1375287
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2017	Hamid Zarringhalam Menlo Park, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nikon Precision, Inc. Executive Vice President	\$2,000.00	\$2,000.00	2018P: \$2,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/6/2017	Katie Zazueta San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Downtown College Prep Charter School Director of Advancement	\$250.00	\$262.50	2018P: \$262.50
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/3/2017	Katie Zazueta San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Downtown College Prep Charter School Director of Advancement	\$12.50	\$262.50	2018P: \$262.50
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2398</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/28/2017	Alex Zecca San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alex Zecca Artist	\$500.00	\$500.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Albert M. Zecher, Jr. San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Xicom Technology Director of Compliance	\$4,000.00	\$4,000.00	2018P: \$4,000.00
9/26/2017	Art Zendarski San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zendarski Studio Conceptual Design/Illustration	\$50.00	\$125.00	2018P: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2399</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/7/2017	Stephen H. Zendt Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Operations Analyst II	\$50.00	\$250.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/3/2017	Stephen H. Zendt Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Operations Analyst II	\$50.00	\$250.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2400 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2017	Stephen H. Zendt Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Operations Analyst II	\$50.00	\$250.00	2018P: \$550.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/19/2017	Anthony Zerbe Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthony Zerbe Actor/ Teacher	\$1,000.00	\$1,000.00	2018P: \$1,000.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/14/2017	Xiao Fei Zheng Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asian Prisoner Support Committee Co-Director	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2401 of 2602
		I.D. Number 1375287

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NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2017	Lisa Zhu San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/30/2017	Lisa Zhu San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$50.00	\$125.00	2018P: \$175.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/28/2017	Trent Chuan Zhu Daly City, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Better Homes & Gardens Realtor	\$500.00	\$500.00	2018P: \$500.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2402 of 2602

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NAME OF FILER

Newsom for California Governor 2018

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Peter Ziblatt San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pelosi Law Group Attorney	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/30/2017	Gretchen Ziegler Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Eureka Zoo Director	\$100.00	\$105.00	2018P: \$105.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/27/2017	Ken Zigler Middletown, CA 95461	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2018P: \$150.00

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2403 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/15/2017	Jon Zimelis Los Angeles, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Serious Business Producer	\$250.00	\$250.00	2018P: \$250.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
7/17/2017	Alan Zimmerman Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Finance Group, LLC Attorney	\$50.00	\$1,250.00	2018P: \$2,650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2404 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

I.D. Number

1375287

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2017	Alan Zimmerman Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Finance Group, LLC Attorney	\$50.00	\$1,250.00	2018P: \$2,650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/17/2017	Alan Zimmerman Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Finance Group, LLC Attorney	\$50.00	\$1,250.00	2018P: \$2,650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/17/2017	Alan Zimmerman Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Finance Group, LLC Attorney	\$50.00	\$1,250.00	2018P: \$2,650.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>
Page <u>2405</u> of <u>2602</u>		
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
12/17/2017	Alan Zimmerman Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Finance Group, LLC Attorney	\$50.00	\$1,250.00	2018P: \$2,650.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
9/21/2017	Pardis Zomorodi Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Latham & Watkins Attorney	\$5,000.00	\$5,000.00	2018P: \$15,000.00
11/29/2017	Krisztina Zsebo Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biovest Consulting LLC Consultant	\$100.00	\$100.00	2018P: \$200.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2406</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/16/2017	Anthony Zuanich Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Proudfoot Consulting Executive Management Consultant	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
11/9/2017	Cole Zucker Las Vegas, CA 89105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Green Creative Chief Executive Officer	\$500.00	\$500.00	2018P: \$500.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
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COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/2017</u>		
		Page <u>2407</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2017	Kim Zvik Kensington, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HERE Technologies Information Technology	\$100.00	\$100.00	2018P: \$100.00
	***INTERMEDIARY*** ActBlue California Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$4,389,273.36		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
Page 2408 of 2602	I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2409</u> of <u>2602</u>	I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2410</u> of <u>2602</u>	I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/2/2017	PlumpJack Squaw Valley Inn Olympic Valley, CA 96146	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Lodging	\$500.00	\$750.00	2018P: \$9,032.34
8/21/2017	PlumpJack Squaw Valley Inn Olympic Valley, CA 96146	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Lodging	\$250.00	\$750.00	2018P: \$9,032.34
9/11/2017	Mauree Perry San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	Fundraising Event	\$5,880.00	\$5,880.00	2018P: \$5,880.00
9/6/2017	Ali Jahangiri Irvine, CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President EB5 Investors	Fundraising Event	\$10,000.00	\$34,200.00	2018P: \$29,200.00 2018G: \$11,700.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$51,870.15

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$51,870.15
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL</b> \$51,870.15

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2411</u> of <u>2602</u>	I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2017	Amy Cenicola New York, NY 10069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Cenicola Consulting, LLC	Fundraising Event	\$1,344.96	\$1,344.96	2018P: \$1,869.96
10/16/2017	George Soros New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Soros Fund Management	Fundraising Catering	\$1,000.00	\$1,000.00	2018P: \$29,200.00 2018G: \$28,200.00
10/16/2017	Alexander Soros New York, NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Philanthropist Alexander Soros	Fundraising Catering	\$1,000.00	\$1,000.00	2018P: \$29,200.00 2018G: \$28,200.00
10/12/2017	Mark Heising Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director Medley Partners Management, LLC	Fundraising Event	\$5,536.72	\$55,900.00	2018P: \$29,200.00 2018G: \$29,200.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2412 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. Number  
1375287

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2017	Chris Roth San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Head of Legal Operations Viavi Solutions, Inc.	Fundraising Event	\$750.00	\$950.00	2018P: \$1,200.00
10/16/2017	P.H. Mullen, Jr. San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Director of Product Fluency Technology and Product Comcast	Fundraising Event	\$1,379.49	\$1,379.49	2018P: \$1,379.49
10/17/2017	Laurence Pelosi Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Pelosi Law Group	Fundraising Event	\$814.28	\$7,532.79	2018P: \$10,032.79
11/8/2017	Heidi Castelein Fisher San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Children of Shelters	Fundraising Event	\$2,359.88	\$2,359.88	2018P: \$2,359.88

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2413</u> of <u>2602</u>	I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2017	Roberta Achtenberg San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corporate Advisor in Public Policy and CSU Trustee US Commission on Civil Rights	Fundraising Event	\$1,350.00	\$1,350.00	2018P: \$2,451.00
11/16/2017	Michael Kahn San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Counsel Crowell & Moring, LLP	Fundraising Event	\$1,350.00	\$3,350.00	2018P: \$3,350.00
11/9/2017	Michael Bykhovsky San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Cargo Chief	Fundraising Event	\$1,821.17	\$2,146.81	2018P: \$2,146.81
11/8/2017	Michael Bykhovsky San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Cargo Chief	Fundraising Event	\$325.64	\$2,146.81	2018P: \$2,146.81

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2414</u> of <u>2602</u>	I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Z&L Properties, Inc. Foster City, CA 94404	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fundraising Event	\$3,705.12	\$26,205.12	2018P: \$26,205.12
12/13/2017	Eileen Donahoe Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Advocate Global Digital Policy Incubator	Fundraising Event	\$1,820.00	\$41,820.00	2018P: \$29,200.00 2018G: \$12,620.00
12/14/2017	Bahya Oumlil-Murad Belvedere Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed n/a	Fundraising Event	\$1,500.00	\$31,500.00	2018P: \$29,200.00 2018G: \$5,800.00
10/24/2017	Tinsley Huston-Wiley Interior Design, LLC Mill Valley, CA 94941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fundraising Event	\$4,461.00	\$12,961.00	2018P: \$13,461.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2415</u> of <u>2602</u>	I.D. Number 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/6/2017	Angela Alioto San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Alioto Law Firm	Fundraising Event	\$2,704.93	\$2,704.93	2018P: \$2,704.93
12/7/2017	John W. Keker San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Keker, Van West & Peters, LLP	Fundraising Catering	\$1,700.00	\$1,700.00	2018P: \$26,700.00
12/5/2017	HNTB Corporation Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fundraising Event	\$316.96	\$316.96	2018P: \$316.96
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$51,870.15

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	07/01/2017		
through	12/31/2017	Page 2416 of 2602	
		I.D. NUMBER 1375287	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$300.00	\$4,270.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/26/2017	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$40.00	\$4,270.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/8/2017	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$4,270.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL					\$840.00	

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$840.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$840.00



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b> Page 2417 of 2602 I.D. NUMBER 1375287
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HSC, Inc. Los Angeles, CA 90039	CNS			\$5,000.00
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND			\$7,000.00
Ryan Baukol Consulting, Inc. Manhattan Beach, CA 90266	CNS			\$6,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$1,081,455.75
2. Unitemized payments made this period of under \$100. ....	\$303.82
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$1,081,759.57

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2418 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SGR Consulting, LLC San Francisco, CA 94104	FND			\$10,000.00
Bluestar Parking Summerland, CA 93067	FND			\$425.00
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$187.13
Mitchell Printing & Publishing, Inc. Los Angeles, CA 90033	CMP			\$1,241.24
Political Data, Inc. Norwalk, CA 90650	OFC			\$1,561.12

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2419 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$60.50
PlumpJack Winery Napa, CA 94558	FND			\$2,328.48
Stripe, Inc. San Francisco, CA 94110	OFC			\$9.47
ActBlue Technical Services Somerville, MA 02144	OFC			\$364.29
Deane & Company Sacramento, CA 95815	PRO			\$4,490.83

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>2420</u> of <u>2602</u>
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Elena Wegner dba Elena's Food and Service Summerland, CA 93067	FND			\$1,465.00
Elena Wegner dba Elena's Food and Service Summerland, CA 93067	FND	Appetizers Only		\$1,584.00
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$16.00
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$8.00
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$15,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2421 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$7.55
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	TRS			\$17.42
Deane & Company Sacramento, CA 95815	PRO			\$75.45
United States Treasury Washington, DC 20220	SAL			\$3,087.86
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$558.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2422 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Intuit, Inc. Mountain View, CA 94043	SAL			\$6,785.28
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND			\$257.02
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND	3/3/17, Fundraising Meeting, 4		\$117.13
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND	5/8/17, Fundraising Meeting, 4		\$117.76
ActBlue Technical Services Somerville, MA 02144	OFC			\$110.42

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>2423</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$5.40
Blue State Digital, Inc. New York, NY 10013	WEB			\$1,413.50
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	OFC			\$25.78
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$8.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.20

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2424 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$75.65
ActBlue Technical Services Somerville, MA 02144	OFC			\$231.09
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.62
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.75
Anne Lewis Strategies, LLC Washington, DC 20036		Online Ads		\$34,100.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2425 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$5,900.00
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$49.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$2.49
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$106.00
United States Treasury Washington, DC 20220	SAL			\$3,087.84

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2426 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$558.30
Intuit, Inc. Mountain View, CA 94043	SAL			\$6,785.29
Deane & Company Sacramento, CA 95815	PRO			\$75.45
Stripe, Inc. San Francisco, CA 94110	OFC			\$29.30
ActBlue Technical Services Somerville, MA 02144	OFC			\$303.33

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>2427</u> of <u>2602</u>
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SGR Consulting, LLC San Francisco, CA 94104	FND			\$10,000.00
Cenicola Consulting, LLC New York, NY 10069	CNS			\$2,000.00
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND			\$7,000.00
Ryan Baukol Consulting, Inc. Manhattan Beach, CA 90266	CNS			\$6,000.00
HSC, Inc. Los Angeles, CA 90039	CNS			\$5,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2428 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$972.26
Stripe, Inc. San Francisco, CA 94110	OFC			\$6.40
Anthem Blue Cross Newbury Park, CA 91320	OFC			\$1,282.60
Stripe, Inc. San Francisco, CA 94110	OFC			\$242.72
Stripe, Inc. San Francisco, CA 94110	OFC			\$2.21

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2429 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$15,000.00
A. Maciel Printing San Francisco, CA 94124	LIT			\$121.55
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.62
Stripe, Inc. San Francisco, CA 94110	OFC			\$32.50
Stripe, Inc. San Francisco, CA 94110	OFC			\$19.62

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2430 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$911.92
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.62
United States Treasury Washington, DC 20220	SAL			\$3,087.84
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$558.30
Intuit, Inc. Mountain View, CA 94043	SAL			\$6,785.29

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2431 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$5,491.34
Deane & Company Sacramento, CA 95815	PRO			\$75.45
Stripe, Inc. San Francisco, CA 94110	OFC			\$7.85
Stripe, Inc. San Francisco, CA 94110	OFC			\$145.01
Blue State Digital, Inc. New York, NY 10013	WEB			\$1,392.50

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2432 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$5,900.00
Anne Lewis Strategies, LLC Washington, DC 20036		Online Ads		\$34,100.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$8.00
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$72.47

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2433 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$1,124.24
American Express Merchant Services Phoenix, AZ 95027	OFC			\$838.40
Stripe, Inc. San Francisco, CA 94110	OFC			\$4.82
Stripe, Inc. San Francisco, CA 94110	OFC			\$290.30
Tyler Barth West Hollywood, CA 90046			Refund of Contribution	\$1,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>2434</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.50
ActBlue Technical Services Somerville, MA 02144	OFC			\$342.88
ActBlue Technical Services Somerville, MA 02144	OFC			\$614.32
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.68
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.59

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2435 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$11.43
Anthem Blue Cross Newbury Park, CA 91320	OFC			\$1,282.60
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	TRS			\$35.28
Stripe, Inc. San Francisco, CA 94110	OFC			\$15.09
Joey Freeman Los Angeles, CA 90064	TRS	8/26/17, Rental Car, Santa Rosa, CA, Campaign Event, 1		\$314.33

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>2436</u> of <u>2602</u>
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Treasury Washington, DC 20220	SAL			\$3,087.84
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$558.30
Intuit, Inc. Mountain View, CA 94043	SAL			\$6,785.29
Stripe, Inc. San Francisco, CA 94110	OFC			\$13.09
ActBlue Technical Services Somerville, MA 02144	OFC			\$1,011.64

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2437 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mitchell Printing & Publishing, Inc. Los Angeles, CA 90033	CMP			\$2,802.26
NGP VAN, Inc. Washington, DC 20005	WEB			\$2,925.00
Political Data, Inc. Norwalk, CA 90650	OFC			\$11.98
Political Data, Inc. Norwalk, CA 90650	OFC			\$32.94
Daniel J. Lopez Valley Glen, CA 91607	POS			\$87.23

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2438 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daniel J. Lopez Valley Glen, CA 91607	CTB			\$300.00
Daniel J. Lopez Valley Glen, CA 91607	TRS		8/25-8/26/17, Lodging, Modesto, CA, Campaign Meeting, 1	\$248.52
Daniel J. Lopez Valley Glen, CA 91607	CTB			\$40.00
SGR Consulting, LLC San Francisco, CA 94104	FND			\$10,000.00
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND			\$7,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>2439</u> of <u>2602</u>
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ryan Baukol Consulting, Inc. Manhattan Beach, CA 90266	CNS			\$6,000.00
HSC, Inc. Los Angeles, CA 90039	CNS			\$5,000.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$2.21
Joey Freeman Los Angeles, CA 90064	TRS		8/9/17, Airfare, San Francisco, CA, Campaign Meeting, 1	\$259.95
American Express New York, NY 10281			Credit Card Payment	\$8,929.13

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2440 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*

CVC civic donations  
FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Remcho, Johansen & Purcell, LLP Oakland, CA 94612	PRO			\$787.50
James Koch Fresno, CA 93706	OFC			\$200.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$32.35
Stripe, Inc. San Francisco, CA 94110	OFC			\$5.98
Stripe, Inc. San Francisco, CA 94110	OFC			\$7.30

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2441 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$8.19
Marc W. Fleischman Del Mar, CA 92014			Refund of Contribution	\$2,500.00
State Compensation Insurance Fund Los Angeles, CA 90012	OFC			\$199.00
ActBlue Technical Services Somerville, MA 02144	OFC			\$1,992.69
Citi Advantage Louisville, KY 40213	OFC			\$81.53

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2442 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SGR Consulting, LLC San Francisco, CA 94104	OFC			\$73.74
SGR Consulting, LLC San Francisco, CA 94104	TRS			\$11.48
SGR Consulting, LLC San Francisco, CA 94104	FND		7/27/17, Fundraising Meeting, 3	\$150.94
A. Maciel Printing San Francisco, CA 94124	LIT			\$319.07
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.74

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2443 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.75
ActBlue Technical Services Somerville, MA 02144	OFC			\$2,006.49
Deane & Company Sacramento, CA 95815	PRO			\$75.45
Deane & Company Sacramento, CA 95815	PRO			\$4,159.72

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2444 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$96.53
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$1.98
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$20.90
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$89.32
Stripe, Inc. San Francisco, CA 94110	OFC			\$30.04

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2445 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Treasury Washington, DC 20220	SAL			\$3,087.84
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$558.30
Intuit, Inc. Mountain View, CA 94043	SAL			\$6,785.29
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$5,900.00
Anne Lewis Strategies, LLC Washington, DC 20036			Online Ads	\$34,100.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2446 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Heather Hearne Manhattan Beach, CA 90266			Refund of Contribution	\$2,000.00
Blue State Digital, Inc. New York, NY 10013	WEB			\$1,405.00
American Express New York, NY 10281			Credit Card Payment	\$5,464.90
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.74
Stripe, Inc. San Francisco, CA 94110	OFC			\$31.05

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2447 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$33.98
ActBlue Technical Services Somerville, MA 02144	OFC			\$1,113.37
Cenicola Consulting, LLC New York, NY 10069	CNS			\$3,000.00
Ruben Deluna Creative, LLC Austin, TX 78759		Online Ads		\$4,900.00
Andy Friendly Encino, CA 91436		Refund of Contribution		\$1,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2448 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anthem Blue Cross Newbury Park, CA 91320	OFC			\$1,282.60
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.20
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.95
ActBlue Technical Services Somerville, MA 02144	OFC			\$1,874.49

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2449 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fresh Connections Catering Chantilly, VA 20152	OFC		Appetizers Only	\$179.03
United States Treasury Washington, DC 20220	SAL			\$3,087.84
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$558.30
Intuit, Inc. Mountain View, CA 94043	SAL			\$6,785.29
Stripe, Inc. San Francisco, CA 94110	OFC			\$37.27

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2450 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	TRS			\$51.77
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$24.00
Deane & Company Sacramento, CA 95815	PRO			\$75.45
Stripe, Inc. San Francisco, CA 94110	OFC			\$7.83

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2451 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SGR Consulting, LLC San Francisco, CA 94104	FND			\$10,000.00
JJ's Bistro Inglewood, CA 90301	OFC	Appetizers Only		\$1,300.00
50+1 Strategies, LLC Oakland, CA 94612	CNS			\$4,000.00
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND			\$7,000.00
HSC, Inc. Los Angeles, CA 90039	CNS			\$5,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2452 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ryan Baukol Consulting, Inc. Manhattan Beach, CA 90266	CNS			\$6,000.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$14,000.00
SCN Strategies, Inc. San Francisco, CA 94104	TRS		8/22/17, Airfare, Burbank, CA, Campaign Event, 2	\$876.61
Stripe, Inc. San Francisco, CA 94110	OFC			\$153.95

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2453 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$4.42
Deane & Company Sacramento, CA 95815	PRO			\$4,163.17
Cenicola Consulting, LLC New York, NY 10069	CNS			\$3,000.00
Cenicola Consulting, LLC New York, NY 10069	OFC			\$27.35
Cenicola Consulting, LLC New York, NY 10069	TRS		Not one travel expense over \$100.00	\$108.10

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2454 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.77
Anne Lewis Strategies, LLC Washington, DC 20036		Online Ads		\$32,476.00
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$7,524.00
ActBlue Technical Services Somerville, MA 02144	OFC			\$6,129.16
ActBlue Technical Services Somerville, MA 02144	OFC			\$357.81

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2455 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$7.55
ActBlue Technical Services Somerville, MA 02144	OFC			\$3,563.06
Secretary of State Sacramento, CA 95814	OFC			\$70.00
Secretary of State Sacramento, CA 95814	OFC			\$340.00
50+1 Strategies, LLC Oakland, CA 94612	CNS			\$4,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2456 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Treasury Washington, DC 20220	SAL			\$3,087.86
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$558.30
Intuit, Inc. Mountain View, CA 94043	SAL			\$6,785.28
Stripe, Inc. San Francisco, CA 94110	OFC			\$145.30
Stripe, Inc. San Francisco, CA 94110	OFC			\$438.54

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

Type or print in ink.  
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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2457 of 2602
		I.D. NUMBER 1375287

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Darin Anderson Newport Beach, CA 92660			Refund of Contribution	\$1,000.00
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$9.90
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$67.77
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$132.48
American Express Merchant Services Phoenix, AZ 95027	OFC			\$937.60

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2458 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$14.65
Stripe, Inc. San Francisco, CA 94110	OFC			\$7.55
Kate Edmonds Corporate & Private Events, LTD New York, NY 10016	FND	Appetizers Only		\$1,277.14
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.88
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.48

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2459 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$75.45
SCN Strategies, Inc. San Francisco, CA 94104	LIT			\$270.00
ActBlue Technical Services Somerville, MA 02144	OFC			\$3,885.46
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.74
A. Maciel Printing San Francisco, CA 94124	LIT			\$137.59

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)


Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b>  Page 2460 of 2602
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dan Newman San Francisco, CA 94117	TRS	10/22/17, Airfare, Los Angeles, CA, Campaign Meeting, 1	\$589.40
Katie Miller Venice, CA 90291 Memo Reference: EXP4749		Refund of Contribution	\$250.00
United States Treasury Washington, DC 20220	SAL		\$3,087.84
Employment Development Department (EDD) Sacramento, CA 95814	SAL		\$558.30
Intuit, Inc. Mountain View, CA 94043	SAL		\$6,785.29

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2461 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$3,362.65
Stripe, Inc. San Francisco, CA 94110	OFC			\$29.30
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.59
American Express New York, NY 10281			Credit Card Payment	\$10,080.20
Stripe, Inc. San Francisco, CA 94110	OFC			\$2.06

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2462 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue State Digital, Inc. New York, NY 10013	WEB			\$1,400.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$87.89
Stripe, Inc. San Francisco, CA 94110	OFC			\$29.89
David Binder Research, Inc. San Francisco, CA 94102	POL			\$75,000.00
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$11,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2463 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SGR Consulting, LLC San Francisco, CA 94104	FND			\$10,000.00
ActBlue Technical Services Somerville, MA 02144	OFC			\$8,684.20
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$92.89
50+1 Strategies, LLC Oakland, CA 94612	CNS			\$12,000.00
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND			\$7,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2464 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HSC, Inc. Los Angeles, CA 90039	CNS			\$5,000.00
Ryan Baukol Consulting, Inc. Manhattan Beach, CA 90266	CNS			\$6,000.00
Blue Shield of California San Francisco, CA 94105	OFC			\$1,318.76
Mark Saberi Costa Mesa, CA 92626			Refund of Contribution	\$1,000.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$29.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2465 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$399.39
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.61
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.59
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
ActBlue Technical Services Somerville, MA 02144	OFC			\$3,518.23

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2466 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$5,900.00
Anne Lewis Strategies, LLC Washington, DC 20036			Online Ads	\$34,100.00
SGR Consulting, LLC San Francisco, CA 94104	TRS		Not one travel expense over \$100.00	\$173.30
SGR Consulting, LLC San Francisco, CA 94104	TRS		Not one travel expense over \$100.00	\$135.80
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$65.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2467 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	TRS			\$17.60
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.62
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.20
Deane & Company Sacramento, CA 95815	PRO			\$4,624.50
Stripe, Inc. San Francisco, CA 94110	OFC			\$29.30

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2468 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$75.45
Joey Freeman Los Angeles, CA 90064	TRS		10/10-10/13/17, Airfare, Los Angeles, CA, Campaign Meeting, 1	\$252.97
Blue State Digital, Inc. New York, NY 10013	WEB			\$1,396.00
United States Treasury Washington, DC 20220	SAL			\$3,691.86
United States Treasury Washington, DC 20220	SAL			\$120.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2469 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$632.42
Intuit, Inc. Mountain View, CA 94043	SAL			\$8,261.91
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Stripe, Inc. San Francisco, CA 94110	OFC			\$2.52
Stripe, Inc. San Francisco, CA 94110	OFC			\$15.84

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2470 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Teena Hostovich La Canada Flintridge, CA 91011	FND			\$3,409.36
Stripe, Inc. San Francisco, CA 94110	OFC			\$3.20
Nina Stanford San Francisco, CA 94123			Refund of Contribution	\$150.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.33
ActBlue Technical Services Somerville, MA 02144	OFC			\$3,706.82

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2471 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Shield of California San Francisco, CA 94105	OFC			\$1,318.76
Joey Freeman Los Angeles, CA 90064	OFC			\$15.95
Joey Freeman Los Angeles, CA 90064	TRS		10/21/17, Lodging, Los Angeles, CA, Campaign Meeting, 1	\$129.67
Joey Freeman Los Angeles, CA 90064	TRS			\$48.00
Joey Freeman Los Angeles, CA 90064	TRS		10/23-10/24/17, Airfare, San Francisco, CA, Campaign Meeting, 1	\$140.18

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2472 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Stripe, Inc. San Francisco, CA 94110	OFC			\$72.80
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	TRS			\$49.09
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	OFC			\$49.00
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$8.00

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2473 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$6,858.56
Stripe, Inc. San Francisco, CA 94110	OFC			\$174.60
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
Stripe, Inc. San Francisco, CA 94110	OFC			\$29.60

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2474 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.59
ActBlue Technical Services Somerville, MA 02144	OFC			\$2,764.97
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$0.40
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$5.36
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$67.86

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2475 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anne Lewis Strategies, LLC Washington, DC 20036	CNS			\$11,000.00
SGR Consulting, LLC San Francisco, CA 94104	FND			\$10,000.00
Emily Swide San Francisco, CA 94110	CNS			\$3,000.00
50+1 Strategies, LLC Oakland, CA 94612	CNS			\$12,000.00
Ryan Baukol Consulting, Inc. Manhattan Beach, CA 90266	CNS			\$6,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>2476</u> of <u>2602</u>
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND			\$7,000.00
HSC, Inc. Los Angeles, CA 90039	CNS			\$5,000.00
United States Treasury Washington, DC 20220	SAL			\$4,094.82
United States Treasury Washington, DC 20220	SAL			\$180.00
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$729.51

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2477 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Intuit, Inc. Mountain View, CA 94043	SAL			\$8,838.34
Anne Lewis Strategies, LLC Washington, DC 20036			Online Ads	\$18,900.00
La Forchetta Catering, LLC San Francisco, CA 94111	FND		Appetizers Only	\$775.00
La Forchetta Catering, LLC San Francisco, CA 94111	FND			\$1,929.93
Colin Le Duc Ross, CA 94957			Refund of Contribution	\$5,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>2478</u> of <u>2602</u>
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Equal Rights Advocates San Francisco, CA 94102	CVC			\$10,300.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$61.39
Above & Beyond Agoura Hills, CA 91301	FND	Appetizers Only		\$1,500.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$365.35
Deane & Company Sacramento, CA 95815	PRO			\$75.45

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>2479</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$32.24
Stripe, Inc. San Francisco, CA 94110	OFC			\$18.00
ActBlue Technical Services Somerville, MA 02144	OFC			\$1,121.08
Chicago Board Options Exchange, Inc. (CBOE) Chicago, IL 60605	OFC			\$32,350.50
Stripe, Inc. San Francisco, CA 94110	OFC			\$2,588.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2480 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$6,093.55
Stripe, Inc. San Francisco, CA 94110	OFC			\$176.35
Deane & Company Sacramento, CA 95815	PRO			\$4,503.75
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$23.50
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	TRS			\$46.10

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2481 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$47.00
Above & Beyond Agoura Hills, CA 91301	FND	Appetizers Only		\$1,500.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
ActBlue Technical Services Somerville, MA 02144	OFC			\$2,869.81
SGR Consulting, LLC San Francisco, CA 94104	TRS	11/13/17, Airfare, Miami, FL, Fundraising Meeting, 1		\$297.67

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2482 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SGR Consulting, LLC San Francisco, CA 94104	TRS		11/14/17, Airfare, Miami, FL, Fundraising Meeting, 1	\$220.46
Ruben Deluna Creative, LLC Austin, TX 78759			Online Ads	\$4,900.00
SGR Consulting, LLC San Francisco, CA 94104	OFC			\$70.67
SGR Consulting, LLC San Francisco, CA 94104	OFC			\$15.06
SGR Consulting, LLC San Francisco, CA 94104	TRS		11/13/17, Airfare, Miami, FL, Fundraising Meeting, 1	\$242.21

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2483 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
State Compensation Insurance Fund Los Angeles, CA 90012	OFC			\$199.00
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$9.60
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$69.77
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$117.29
Stripe, Inc. San Francisco, CA 94110	OFC			\$29.30

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2017		
through 12/31/2017		Page 2484 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express New York, NY 10281			Credit Card Payment	\$10,050.02
American Express Merchant Services Phoenix, AZ 95027	OFC			\$160.00
Deane & Company Sacramento, CA 95815	PRO			\$75.45
United States Treasury Washington, DC 20220	SAL			\$4,094.86
United States Treasury Washington, DC 20220	SAL			\$120.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2485 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$729.51
Intuit, Inc. Mountain View, CA 94043	SAL			\$8,838.32
Stripe, Inc. San Francisco, CA 94110	OFC			\$0.39
Emily Swide San Francisco, CA 94110	OFC			\$9.00
Emily Swide San Francisco, CA 94110	OFC			\$31.47

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2017</u>		
through <u>12/31/2017</u>		Page <u>2486</u> of <u>2602</u>
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

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NAME OF FILER  
Newsom for California Governor 2018

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Emily Swide San Francisco, CA 94110	TRS			\$58.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$872.10
Blue Shield of California San Francisco, CA 94105	OFC			\$1,318.76
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	TRS			\$95.69
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS			\$16.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2487 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Service West, Inc. San Leandro, CA 94577	OFC			\$4,860.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$989.85
ActBlue Technical Services Somerville, MA 02144	OFC			\$3,108.67
Quality Office Liquidations, Inc. Stockton, CA 95203	OFC			\$1,700.40
Stripe, Inc. San Francisco, CA 94110	OFC			\$363.10

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		<b>CALIFORNIA FORM 460</b>  Page <u>2488</u> of <u>2602</u>
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$609.60
Stripe, Inc. San Francisco, CA 94110	OFC			\$1.03
United States Treasury Washington, DC 20220	SAL			\$4,094.84
Employment Development Department (EDD) Sacramento, CA 95814	SAL			\$729.51
Intuit, Inc. Mountain View, CA 94043	SAL			\$8,838.33

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2489 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$1,562.68
Stripe, Inc. San Francisco, CA 94110	OFC			\$32.50
Stripe, Inc. San Francisco, CA 94110	OFC			\$1,012.45
Stripe, Inc. San Francisco, CA 94110	OFC			\$312.24
ActBlue Technical Services Somerville, MA 02144	OFC			\$2,157.33

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b> Page 2490 of 2602
I.D. NUMBER 1375287		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			\$1,728.45
Stripe, Inc. San Francisco, CA 94110	OFC			\$870.60
Stripe, Inc. San Francisco, CA 94110	OFC			\$16.86
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$15.05
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$46.04

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2491 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Authorize.net/Merchant Bankcard San Francisco, CA 94128	OFC			\$141.31
American Express New York, NY 10281			Credit Card Payment	\$51,453.15
American Express New York, NY 10281			Credit Card Payment	\$4,612.03
American Express New York, NY 10281			Credit Card Payment	\$4,044.12
American Express New York, NY 10281			Credit Card Payment	\$1,778.95

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through 12/31/2017		Page 2492 of 2602
NAME OF FILER Newsom for California Governor 2018		I.D. NUMBER 1375287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express New York, NY 10281			Credit Card Payment	\$408.00
First Foundation Bank Sacramento, CA 95815	CVC			\$7,500.00
American Express New York, NY 10281			Credit Card Payment	\$26,101.68
American Express New York, NY 10281			Credit Card Payment	\$2,807.36

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$1,081,455.75

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

Page 2493 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS	\$187.13	\$0.00	\$187.13	\$0.00
Bluestar Parking Summerland, CA 93067	FND	\$425.00	\$0.00	\$425.00	\$0.00
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	POS	\$60.50	\$0.00	\$60.50	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$54,506.04
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$65,528.34
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$11,022.30)  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2494 of 2602

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anne Lewis Strategies, LLC Washington, DC 20036	CNS	\$15,000.00	\$0.00	\$15,000.00	\$0.00
Mitchell Printing & Publishing, Inc. Los Angeles, CA 90033	CMP	\$1,241.24	\$0.00	\$1,241.24	\$0.00
Political Data, Inc. Norwalk, CA 90650	OFC	\$1,561.12	\$0.00	\$1,561.12	\$0.00
Cenicola Consulting, LLC New York, NY 10069	CNS	\$2,000.00	\$0.00	\$2,000.00	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2017  
through 12/31/2017

**CALIFORNIA FORM 460**  
Page 2495 of 2602

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
PlumpJack Winery Napa, CA 94558	FND	\$2,328.48	\$0.00	\$2,328.48	\$0.00
Benjamin Gurewitz San Francisco, CA 94127	POS	\$9.82	\$0.00	\$9.82	\$0.00
Elena Wegner dba Elena's Food and Service Summerland, CA 93067	FND	\$1,465.00	\$0.00	\$1,465.00	\$0.00
Elena Wegner dba Elena's Food and Service Summerland, CA 93067	FND Appetizers Only	\$1,584.00	\$0.00	\$1,584.00	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
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Statement covers period  
from 07/01/2017  
through 12/31/2017

**CALIFORNIA  
FORM 460**

Page 2496 of 2602

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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American Express New York, NY 10281	Credit Card Payment	\$35,030.81	\$0.00	\$35,030.81	\$0.00
American Express New York, NY 10281	Credit Card Payment	\$4,044.12	\$0.00	\$4,044.12	\$0.00
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND 3/3/17, Fundraising Meeting, 4	\$117.13	\$0.00	\$117.13	\$0.00
Bertolina & Barnato, Inc. Sacramento, CA 95814	FND 5/8/17, Fundraising Meeting, 4	\$117.76	\$0.00	\$117.76	\$0.00

**SUBTOTALS**



# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

Page 2497 of 2602

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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Bertolina & Barnato, Inc. Sacramento, CA 95814	FND	\$257.02	\$0.00	\$257.02	\$0.00
Daniel J. Lopez Valley Glen, CA 91607	POS	\$87.23	\$0.00	\$87.23	\$0.00
Political Data, Inc. Norwalk, CA 90650	OFC	\$11.98	\$0.00	\$11.98	\$0.00
Emily Swide San Francisco, CA 94110	CNS	\$0.00	\$6,000.00	\$0.00	\$6,000.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

Page 2498 of 2602

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Blue State Digital, Inc. New York, NY 10013	WEB	\$0.00	\$1,391.50	\$0.00	\$1,391.50
Blue Shield of California San Francisco, CA 94105	OFC	\$0.00	\$2,179.16	\$0.00	\$2,179.16
Anne Lewis Strategies, LLC Washington, DC 20036	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
PlumpJack Wines & Spirits San Francisco, CA 94123	OFC	\$0.00	\$569.05	\$0.00	\$569.05

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2017  
through 12/31/2017

**CALIFORNIA  
FORM 460**

Page 2499 of 2602

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
PlumpJack Wines & Spirits San Francisco, CA 94123	OFC	\$1,822.80	\$0.00	\$0.00	\$1,822.80
PlumpJack Winery Napa, CA 94558	OFC Appetizers Only	\$0.00	\$1,939.50	\$0.00	\$1,939.50
Neil Tanner, Inc. Teleprompting Services Daly City, CA 94017	OFC	\$400.00	\$0.00	\$0.00	\$400.00
Deane & Company Sacramento, CA 95815	PRO	\$0.00	\$75.45	\$0.00	\$75.45

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2017  
through 12/31/2017

**CALIFORNIA  
FORM 460**

Page 2500 of 2602

NAME OF FILER  
Newsom for California Governor 2018

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express New York, NY 10281	Credit Card Payment	\$0.00	\$16,155.29	\$0.00	\$16,155.29
American Express New York, NY 10281	Credit Card Payment	\$0.00	\$2,487.55	\$0.00	\$2,487.55
Daniel J. Lopez Valley Glen, CA 91607	TRS	\$0.00	\$57.69	\$0.00	\$57.69
Woodruff-Sawyer Company San Francisco, CA 94111	OFC	\$0.00	\$186.40	\$0.00	\$186.40

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2017  
through 12/31/2017

**CALIFORNIA  
FORM 460**

Page 2501 of 2602

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
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| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Blue State Digital, Inc. New York, NY 10013	WEB	\$0.00	\$36.00	\$0.00	\$36.00
SGR Consulting, LLC San Francisco, CA 94104	TRS Not one travel expense over \$100.00	\$0.00	\$296.45	\$0.00	\$296.45
The UPS Store San Francisco, CA 94104	OFC	\$0.00	\$572.00	\$0.00	\$572.00
Metro Media Productions Sacramento, CA 95834	FND	\$0.00	\$1,290.00	\$0.00	\$1,290.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

Page 2502 of 2602

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Remcho, Johansen & Purcell, LLP Oakland, CA 94612	PRO	\$0.00	\$6,270.00	\$0.00	\$6,270.00
<b>SUBTOTALS</b>		\$67,751.14	\$54,506.04	\$65,528.34	\$56,728.84

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2503 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AKA White House Hotel Washington, DC 20006	TRC		9/20-9/21/17, Lodging, Washington, DC, Campaign Meeting, 1, Candidate	\$337.78
AKA White House Hotel Washington, DC 20006	TRC			\$0.88
AKA White House Hotel Washington, DC 20006	TRC			\$16.20
American Airlines Fort Worth, TX 76155	TRS		7/13/17, Airfare, Los Angeles, CA, Campaign Meeting, 1	\$406.20

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$761.06

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2504 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRC		10/5/17, Airfare, Miami, FL, Campaign Event, 1, Candidate	\$226.20
American Airlines Fort Worth, TX 76155	TRC		10/5/17, Airfare, Miami, FL, Campaign Event, 1, Candidate	\$49.53
American Airlines Fort Worth, TX 76155	TRC		11/12/17-11/14/17, Airfare, San Francisco, CA, Campaign Meeting, 1, Candidate	\$94.43
American Airlines Fort Worth, TX 76155	TRC		11/12/17-11/14/17, Airfare, San Francisco, CA, Campaign Meeting, 1, Candidate	\$67.72

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$437.88

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2505 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRC		11/12/17-11/14/17, Airfare, San Francisco, CA, Campaign Meeting, 1, Candidate	\$178.20
American Airlines Fort Worth, TX 76155	TRC		11/12/17-11/14/17, Airfare, San Francisco, CA, Campaign Meeting, 1, Candidate	\$178.20
American Airlines Fort Worth, TX 76155	TRC			\$8.79
Amtrak International Washington, DC 20002	TRC		9/20/17, Transportation, Washington, DC, Campaign Event, 1, Candidate	\$223.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$588.19

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2506 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amtrak International Washington, DC 20002	TRS			\$91.00
Amtrak International Washington, DC 20002	TRS			\$29.00
AOC Wine Bar Los Angeles, CA 90048	FND			\$1,500.00
AOC Wine Bar Los Angeles, CA 90048	FND		10/25/17, Fundraising Event, 10, including Candidate	\$2,581.28

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4201.28

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2507 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Archer Hotel New York New York, NY 10018	TRC		10/2-10/5/17, Lodging, New York, NY, Campaign Meeting, 1, Candidate	\$1,041.33
Archer Hotel New York New York, NY 10018	TRC			\$28.30
Bright Event Rentals Brisbane, CA 94005	FND			\$1,943.85
California Democratic Party Sacramento, CA 95811	CTB			\$500.00
741666				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3513.48

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2508 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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Cecconi's West Hollywood West Hollywood, CA 90069	MTG		9/27/17, Campaign Meeting, 5, including Candidate	\$157.10
CUT Palo Alto, CA 94303	MTG		12/9/17, Campaign Meeting, 3, including Candidate	\$765.59
Delta Air Lines Atlanta, GA 30320	TRC		10/2/17, Airfare, New York, NY, Campaign Event, 1, Candidate	\$137.20
Double Tree by Hilton Hotel Sacramento, CA 95815	TRC		8/15-8/17/17, Lodging, Fresno, CA, Campaign Event, 1, Candidate	\$9.37

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1069.26

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2509 of 2602

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Double Tree by Hilton Hotel Sacramento, CA 95815	TRC		8/15-8/17/17, Lodging, Fresno, CA, Campaign Event, 1, Candidate	\$256.44
DoubleTree by Hilton Modesto Modesto, CA 95354	TRC			\$72.03
DoubleTree by Hilton Modesto Modesto, CA 95354	TRC		7/25/17-7/26/17, Lodging, Modesto, CA, Campaign Event, 1, Candidate	\$207.12
Estancia La Jolla Hotel and Spa La Jolla, CA 92037	OFC			\$10.43

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$546.02

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2510 of 2602

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fairmont Hotel Chicago, IL 60601	TRS		7/10/17, Lodging, Chicago, IL, Campaign Event, 1	\$140.73
Fairmont Hotel Chicago, IL 60601	TRC		7/10/17, Lodging, Chicago, IL, Campaign Event, 1, Candidate	\$244.25
Fairmont Hotel Chicago, IL 60601	TRC		10/1/17, Lodging, Chicago, IL, Campaign Event, 1, Candidate	\$346.34
Fairmont Hotel Chicago, IL 60601	TRC			\$21.41

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**TOTAL\*** \$752.73

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**FPPC Form 460 (June/01)**  
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# Schedule G

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2511 of 2602

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fleming's Prime Steakhouse & Wine Bar El Segundo, CA 90245	FND			\$100.00
Fontainebleau Miami Beach Miami Beach, FL 33140	OFC			\$39.02
Fontainebleau Miami Beach Miami Beach, FL 33140	OFC			\$12.27
Fontainebleau Miami Beach Miami Beach, FL 33140	TRS	11/12/17-11/14/17, Lodging, Miami Beach, FL, Fundraising Event, 1		\$115.60

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$266.89

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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CALIFORNIA  
FORM **460**

Page 2512 of 2602

SEE INSTRUCTIONS ON REVERSE

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fontainebleau Miami Beach Miami Beach, FL 33140	TRC		11/12/17-11/14/17, Lodging, Miami Beach, FL, Fundraising Event, 1, Candidate	\$1,067.08
Fontainebleau Miami Beach Miami Beach, FL 33140	TRS		11/12/17-11/14/17, Lodging, Miami Beach, FL, Fundraising Event, 1	\$629.18
Forgery Bar San Francisco, CA 94103	FND		Appetizers Only	\$3,508.82
Forgery Bar San Francisco, CA 94103	FND		Appetizers Only	\$2,562.69

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$7767.77

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2513 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Forgery Bar San Francisco, CA 94103	MTG			\$62.08
Google, Inc. Mountain View, CA 94043		Online Ads		\$125.00
Google, Inc. Mountain View, CA 94043		Online Ads		\$125.00
Google, Inc. Mountain View, CA 94043		Online Ads		\$129.02

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$441.10

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2514 of 2602

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, Inc. Mountain View, CA 94043			Online Ads	\$130.66
Google, Inc. Mountain View, CA 94043			Online Ads	\$135.00
Google, Inc. Mountain View, CA 94043			Online Ads	\$148.50
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		9/6-9/7/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$1,063.08

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1477.24

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2515 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		9/6-9/7/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$93.41
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		9/26-9/28/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$486.20
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/29/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$243.00
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/19/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$342.15

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1164.76

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2516 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/19/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$342.15
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/19/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$684.30
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/29/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$1,322.85
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/29/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$76.65

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2425.95

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2517 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/31/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$477.72
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		10/31/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$43.33
Hilton Beverly Hills Beverly Hills, CA 90210	TRC			\$27.00
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		11/5/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$43.33

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$591.38

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2518 of 2602

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		11/5/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$151.97
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		11/21/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$342.15
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		12/8/17-12/9/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$342.15
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		11/29/17-12/1/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$342.15

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1178.42

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2519 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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American Express

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		11/29/17-12/1/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$76.65
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		11/29/17-12/1/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$285.45
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		12/4/17-12/6/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$270.61
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		12/4/17-12/6/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$38.33

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$671.04

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FPPC Form 460 (June/01)  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2520 of 2602

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Beverly Hills Beverly Hills, CA 90210	TRC			\$12.95
Hilton Beverly Hills Beverly Hills, CA 90210	TRC			\$38.33
Hilton Beverly Hills Beverly Hills, CA 90210	TRC			\$12.31
Hilton Beverly Hills Beverly Hills, CA 90210	TRC	12/12/17-12/13/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate		\$126.41

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**TOTAL\*** \$190.00

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2521 of 2602

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Beverly Hills Beverly Hills, CA 90210	TRC		12/12/17-12/13/17, Lodging, Beverly Hills, CA, Campaign Meeting, 1, Candidate	\$38.33
Hilton San Diego Bayfront San Diego, CA 92101	TRS		2/22/18-2/25/18, Lodging, San Diego, CA, Democratic Convention, 2	\$303.23
Hilton San Diego Bayfront San Diego, CA 92101	TRS		2/22/18-2/25/18, Lodging, San Diego, CA, Democratic Convention, 3	\$303.23
Hilton San Diego Bayfront San Diego, CA 92101	TRS		2/22/18-2/25/18, Lodging, San Diego, CA, Democratic Convention, 1	\$303.23

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**TOTAL\*** \$948.02

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from	07/01/2017	
through	12/31/2017	Page 2522 of 2602

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton San Diego Bayfront San Diego, CA 92101	TRS		2/22/18-2/25/18, Lodging, San Diego, CA, Democratic Convention, 1	\$303.23
Hilton San Diego Bayfront San Diego, CA 92101	TRC		2/21/18-2/25/18, Lodging, San Diego, CA, Democratic Convention, 2, Candidate and Spouse	\$303.23
Hilton San Diego Bayfront San Diego, CA 92101	TRS		2/21/18-2/25/18, Lodging, San Diego, CA, Democratic Convention, 2	\$303.23
Hilton San Diego Bayfront San Diego, CA 92101	TRS		2/21/18-2/25/18, Lodging, San Diego, CA, Democratic Convention, 1	\$303.23

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1212.92

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2523 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hotel Irvine Irvine, CA 92612	TRC		8/13-8/14/17, Lodging, Irvine, CA, Campaign Event, 1, Candidate	\$242.61
Hotel Irvine Irvine, CA 92612	TRC			\$71.42
Hotel Irvine Irvine, CA 92612	OFC			\$6.26
Hotel Irvine Irvine, CA 92612	OFC			\$4.39

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$324.68

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2524 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$16.01
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$7.00
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$16.32
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$11.64

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$50.97

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2525 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

I.D. NUMBER  
1375287

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American Express

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$167.67
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$7.30
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$17.84
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$18.16

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$210.97

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2526 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$130.21
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$29.95
Hotel Irvine Irvine, CA 92612	TRC		10/21-10/22/17, Lodging, Irvine, CA, Campaign Meeting, 1, Candidate	\$6.30
Insalata's San Anselmo, CA 94960	MTG		9/15/17, Campaign Meeting, 4, including Candidate	\$164.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$331.16

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2527 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Island Hotel Newport Beach Newport Beach, CA 92660	TRC		11/2-11/3/17, Lodging, Newport Beach, CA, Campaign Meeting, 1, Candidate	\$201.65
Kimpton Hotel Monaco Washington, DC 20004	TRC		7/10-7/11/17, Lodging, Washington, DC, Campaign Event, 1, Candidate	\$630.91
Kimpton Hotel Monaco Washington, DC 20004	TRC		7/10-7/11/17, Lodging, Washington, DC, Campaign Event, 1, Candidate	\$49.50
Kimpton Hotel Palomar Los Angeles, CA 90024	TRC		9/14/17, Lodging, Los Angeles, CA, Campaign Event, 1, Candidate	\$426.93

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1308.99

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2528 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kimpton Hotel Palomar Los Angeles, CA 90024	TRC		9/22/17, Lodging, Los Angeles, CA, Campaign Event, 1, Candidate	\$939.89
Kimpton Hotel Palomar Los Angeles, CA 90024	TRC		9/22/17, Lodging, Los Angeles, CA, Campaign Event, 1, Candidate	\$97.51
Kokkari San Francisco, CA 94111	MTG		Appetizers Only	\$486.93
Lotte New York Palace Hotel New York, CA 10022	TRC		7/4/17, Lodging, New York, NY, Fundraising Meeting, 1, Candidate	\$690.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2214.33

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2529 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lotte New York Palace Hotel New York, CA 10022	TRC		7/11/17-7/13/17, Lodging, New York, NY, Campaign Event, 1, Candidate	\$211.91
Lyft, Inc. San Francisco, CA 94110	TRC			\$4.40
Lyft, Inc. San Francisco, CA 94110	TRC			\$31.95
Lyft, Inc. San Francisco, CA 94110	TRC			\$5.54

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$253.80

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2530 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRC			\$5.53
Lyft, Inc. San Francisco, CA 94110	TRC			\$6.55
Lyft, Inc. San Francisco, CA 94110	TRC			\$37.93
Lyft, Inc. San Francisco, CA 94110	TRC			\$10.37

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$60.38

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2531 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRC			\$15.69
Lyft, Inc. San Francisco, CA 94110	TRC			\$8.94
Lyft, Inc. San Francisco, CA 94110	TRC			\$8.00
Lyft, Inc. San Francisco, CA 94110	TRC			\$8.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$40.63

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2532 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRC			\$23.48
Lyft, Inc. San Francisco, CA 94110	TRC			\$9.08
Lyft, Inc. San Francisco, CA 94110	TRC			\$8.81
Lyft, Inc. San Francisco, CA 94110	TRC			\$11.21

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$52.58

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2533 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRC			\$29.88
Lyft, Inc. San Francisco, CA 94110	TRC			\$16.54
Lyft, Inc. San Francisco, CA 94110	TRC			\$54.63
Lyft, Inc. San Francisco, CA 94110	TRC			\$7.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$108.05

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**FPPC Form 460 (June/01)**  
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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2534 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRC			\$10.32
Lyft, Inc. San Francisco, CA 94110	TRC			\$12.86
Lyft, Inc. San Francisco, CA 94110	TRC			\$8.00
Lyft, Inc. San Francisco, CA 94110	TRS			\$4.51

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$35.69

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2535 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRS			\$25.69
Lyft, Inc. San Francisco, CA 94110	TRS			\$10.36
Lyft, Inc. San Francisco, CA 94110	TRS			\$9.41
Lyft, Inc. San Francisco, CA 94110	TRS			\$8.04

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$53.50

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2536 of 2602

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NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRS			\$10.09
Lyft, Inc. San Francisco, CA 94110	TRS			\$34.98
Lyft, Inc. San Francisco, CA 94110	TRS			\$8.90
Lyft, Inc. San Francisco, CA 94110	TRS			\$24.60

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$78.57

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2537 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRS			\$25.37
Lyft, Inc. San Francisco, CA 94110	TRS			\$23.00
Lyft, Inc. San Francisco, CA 94110	TRS			\$10.74
Lyft, Inc. San Francisco, CA 94110	TRS			\$8.13

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$67.24

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2538 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRS			\$9.39
Lyft, Inc. San Francisco, CA 94110	TRS			\$3.85
Lyft, Inc. San Francisco, CA 94110	TRS			\$3.94
Lyft, Inc. San Francisco, CA 94110	TRS			\$9.87

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$27.05

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**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2539 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRS			\$9.56
Lyft, Inc. San Francisco, CA 94110	TRS			\$49.90
Lyft, Inc. San Francisco, CA 94110	TRS			\$26.33
Lyft, Inc. San Francisco, CA 94110	TRS			\$30.65

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$116.44

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2540 of 2602

SEE INSTRUCTIONS ON REVERSE

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Newsom for California Governor 2018

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American Express

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRC			\$22.60
Lyft, Inc. San Francisco, CA 94110	TRS			\$8.42
Lyft, Inc. San Francisco, CA 94110	TRS			\$8.39
Lyft, Inc. San Francisco, CA 94110	TRS			\$10.65

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$50.06

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FPPC Form 460 (June/01)  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2541 of 2602

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94110	TRS			\$7.76
Lyft, Inc. San Francisco, CA 94110	TRS			\$8.62
Mixt San Francisco, CA 94105	MTG	9/29/17, Campaign Meeting, 4, including Candidate		\$144.01
NYC- Taxi Verifone Long Island City, NY 11101	TRS			\$11.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$172.15

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2542 of 2602

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NYC- Taxi Verifone Long Island City, NY 11101	TRC			\$70.26
NYC- Taxi Verifone Long Island City, NY 11101	TRC			\$24.35
NYC- Taxi Verifone Long Island City, NY 11101	TRC			\$15.80
Radisson Hotel Fresno Conference Center Fresno, CA 93721	FND			\$271.04

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**TOTAL\*** \$381.45

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2543 of 2602

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Revup Software, Inc. Redwood City, CA 94063	OFC			\$1,000.00
Revup Software, Inc. Redwood City, CA 94063	OFC			\$1,000.00
Revup Software, Inc. Redwood City, CA 94063	OFC			\$1,000.00
Sheraton San Diego San Diego, CA 92101	TRC		12/1/17-12/2/17, Lodging, San Diego, CA, Campaign Meeting, 1, Candidate	\$19.99

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3019.99

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# Schedule G

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2544 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton San Diego San Diego, CA 92101	TRC		12/1/17-12/2/17, Lodging, San Diego, CA, Campaign Meeting, 1, Candidate	\$15.54
Sheraton San Diego San Diego, CA 92101	TRC		12/1/17-12/2/17, Lodging, San Diego, CA, Campaign Meeting, 1, Candidate	\$8.62
Sheraton San Diego San Diego, CA 92101	TRC		12/1/17-12/2/17, Lodging, San Diego, CA, Campaign Meeting, 1, Candidate	\$294.06
Shutters on the Beach Santa Monica, CA 90405	MTG		9/21/17, Campaign Meeting, 4, including Candidate	\$104.10

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$422.32

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2545 of 2602

SEE INSTRUCTIONS ON REVERSE

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sound Asylum Santa Ana, CA 92707	OFC		Paid through PayPal, Inc.	\$170.00
Southwest Airlines Dallas, TX 75235	TRC			\$48.98
Southwest Airlines Dallas, TX 75235	TRS			\$98.98
Southwest Airlines Dallas, TX 75235	TRS			\$56.98

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$374.94

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2546 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC		8/30/17, Airfare, Oakland, CA, Campaign Event, 1, Candidate	\$133.98
Southwest Airlines Dallas, TX 75235	TRC		8/29/17, Airfare, San Francisco, CA, Campaign Event, 1, Candidate	\$133.98
Southwest Airlines Dallas, TX 75235	TRC		8/30/17, Airfare, Oakland, CA, Campaign Event, 1, Candidate	\$56.98
Southwest Airlines Dallas, TX 75235	TRS		11/14/17, Airfare, San Francisco, CA, Campaign Meeting, 1	\$125.97

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$450.91

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2547 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS		10/10/17, Airfare, San Francisco, CA, Campaign Meeting, 1	\$105.96
Southwest Airlines Dallas, TX 75235	TRC		8/29/17, Airfare, Los Angeles, CA, Campaign Event, 1, Candidate	\$133.98
Southwest Airlines Dallas, TX 75235	TRC		9/6/17, Airfare, Ontario, CA, Campaign Event, 1, Candidate	\$125.00
Southwest Airlines Dallas, TX 75235	TRS		10/10/17, Airfare, Oakland, CA, Campaign Meeting, 1	\$115.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$480.40

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2548 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC		9/12/17, Airfare, Los Angeles, CA, Campaign Event, 1, Candidate	\$133.98
Southwest Airlines Dallas, TX 75235	TRS		11/6/17, Airfare, San Francisco, CA, Campaign Meeting, 1	\$117.96
Southwest Airlines Dallas, TX 75235	TRC			\$98.98
Southwest Airlines Dallas, TX 75235	TRS			\$68.98

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$419.90

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2549 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC			\$98.98
Southwest Airlines Dallas, TX 75235	TRC			\$2.00
Southwest Airlines Dallas, TX 75235	TRC			\$54.50
Southwest Airlines Dallas, TX 75235	TRC			\$40.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$195.48

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2550 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC		9/26/17, Airfare, Burbank, CA, Campaign Event, 1, Candidate	\$193.48
Southwest Airlines Dallas, TX 75235	TRC		9/26/17, Airfare, Burbank, CA, Campaign Event, 1, Candidate	\$35.00
Southwest Airlines Dallas, TX 75235	TRS			\$64.99
Southwest Airlines Dallas, TX 75235	TRC			\$68.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$361.93

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2551 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS		11/10/17, Airfare, Long Beach, CA, Campaign Meeting, 1	\$167.95
Southwest Airlines Dallas, TX 75235	TRC		10/30/17, Airfare, Oakland, CA, Campaign Meeting, 1, Candidate	\$239.48
Southwest Airlines Dallas, TX 75235	TRS			\$11.99
Southwest Airlines Dallas, TX 75235	TRS			\$2.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$421.92

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2552 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS		11/14/17, Airfare, Burbank, CA, Campaign Meeting, 1	\$135.01
Southwest Airlines Dallas, TX 75235	TRS		12/15/17, Airfare, Oakland, CA, Campaign Meeting, 1	\$123.46
Southwest Airlines Dallas, TX 75235	TRS		12/6/17, Airfare, Oakland, CA, Campaign Meeting, 1	\$154.46
Southwest Airlines Dallas, TX 75235	TRS		12/17/17, Airfare, Oakland, CA, Campaign Meeting, 1	\$123.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$536.39

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2553 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC			\$45.98
Southwest Airlines Dallas, TX 75235	TRC			\$98.99
Southwest Airlines Dallas, TX 75235	TRC			\$48.98
Southwest Airlines Dallas, TX 75235	TRC			\$39.98

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$233.93

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2554 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC			\$48.98
Southwest Airlines Dallas, TX 75235	TRC	12/2/17, Airfare, Los Angeles, CA, Campaign Meeting, 1, Candidate		\$148.00
Southwest Airlines Dallas, TX 75235	TRC	12/2/17, Airfare, Los Angeles, CA, Campaign Meeting, 1, Candidate		\$85.00
Southwest Airlines Dallas, TX 75235	TRC			\$74.99

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$356.97

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2555 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC		12/13/17, Airfare, San Jose, CA, Campaign Meeting, 1, Candidate	\$113.98
Southwest Airlines Dallas, TX 75235	TRC		12/12/17, Airfare, Burbank, CA, Campaign Meeting, 1, Candidate	\$134.00
Southwest Airlines Dallas, TX 75235	TRC		1/5/18, Airfare, Burbank, CA, Campaign Meeting, 1, Candidate	\$151.96
Southwest Airlines Dallas, TX 75235	TRC			\$66.98

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$466.92

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2556 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC		1/5/18, Airfare, Oakland, CA, Campaign Meeting, 1, Candidate	\$153.87
Starbucks Chicago, IL 60661	OFC			\$17.93
Starbucks Chicago, IL 60661	OFC			\$9.15
Starbucks Chicago, IL 60661	OFC			\$1.95

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$182.90

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2557 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$6.00
Starbucks Chicago, IL 60661	OFC			\$8.82
Starbucks Chicago, IL 60661	OFC			\$2.67
Starbucks Chicago, IL 60661	OFC			\$3.65

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$21.14

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2558 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$8.20
Starbucks Chicago, IL 60661	OFC			\$2.90
Starbucks Chicago, IL 60661	OFC			\$3.75
Starbucks Chicago, IL 60661	OFC			\$5.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$20.55

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2559 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$3.95
Starbucks Chicago, IL 60661	OFC			\$2.45
Starbucks Chicago, IL 60661	OFC			\$12.63
Starbucks Chicago, IL 60661	OFC			\$2.28

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$21.31

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2560 of 2602

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NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$7.40
Starbucks Chicago, IL 60661	OFC			\$15.95
Starbucks Chicago, IL 60661	OFC			\$15.95
Starbucks Chicago, IL 60661	OFC			\$10.35

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$49.65

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2561 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$6.10
Starbucks Chicago, IL 60661	OFC			\$3.65
Starbucks Chicago, IL 60661	OFC			\$2.45
Starbucks Chicago, IL 60661	OFC			\$18.90

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$31.10

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2562 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$6.20
Starbucks Chicago, IL 60661	OFC			\$6.00
Starbucks Chicago, IL 60661	OFC			\$8.24
Starbucks Chicago, IL 60661	OFC			\$3.45

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$23.89

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2563 of 2602

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NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$3.95
Starbucks Chicago, IL 60661	OFC			\$7.20
Starbucks Chicago, IL 60661	OFC			\$3.45
Starbucks Chicago, IL 60661	OFC			\$6.20

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**TOTAL\*** \$20.80

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2564 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Starbucks Chicago, IL 60661	OFC			\$2.90
The Fess Parker Santa Barbara Hotel - a DoubleTree Resort by Hilton Santa Barbara, CA 93103	TRC		9/22-9/23/17, Lodging, Santa Barbara, CA, Campaign Meeting, 1, Candidate	\$408.00
The Fess Parker Santa Barbara Hotel - a DoubleTree Resort by Hilton Santa Barbara, CA 93103	TRC		9/22-9/23/17, Lodging, Santa Barbara, CA, Campaign Meeting, 1, Candidate	\$86.41
The Fess Parker Santa Barbara Hotel - a DoubleTree Resort by Hilton Santa Barbara, CA 93103	TRC		9/22-9/23/17, Lodging, Santa Barbara, CA, Campaign Meeting, 1, Candidate	\$11.85

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$509.16

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# Schedule G

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2565 of 2602

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NAME OF FILER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Fess Parker Santa Barbara Hotel - a DoubleTree Resort by Hilton Santa Barbara, CA 93103	TRC		9/22-9/23/17, Lodging, Santa Barbara, CA, Campaign Meeting, 1, Candidate	\$7.54
The Landing Resort & Spa South Lake Tahoe, CA 96150	TRC		11/2/17, Lodging, South Lake Tahoe, CA, Campaign Meeting, 1, Candidate	\$337.88
The Landing Resort & Spa South Lake Tahoe, CA 96150	TRC		11/2/17, Lodging, South Lake Tahoe, CA, Campaign Meeting, 1, Candidate	\$91.43
The New York Times Company New York, NY 10018	OFC			\$15.00

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**TOTAL\*** \$451.85

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2566 of 2602

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The New York Times Company New York, NY 10018	OFC			\$15.00
The New York Times Company New York, NY 10018	OFC			\$15.00
The New York Times Company New York, NY 10018	OFC			\$15.00
The New York Times Company New York, NY 10018	OFC			\$15.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$60.00

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2567 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The New York Times Company New York, NY 10018	OFC			\$15.00
The Padre Hotel Bakersfield, CA 93301	TRC		8/16-8/17/17, Lodging, Bakersfield, CA, Campaign Event, 1, Candidate	\$19.50
The Padre Hotel Bakersfield, CA 93301	TRC		8/16-8/17/17, Lodging, Bakersfield, CA, Campaign Event, 1, Candidate	\$250.83
The Padre Hotel Bakersfield, CA 93301	TRC		8/16-8/17/17, Lodging, Bakersfield, CA, Campaign Event, 1, Candidate	\$9.65

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$294.98

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2568 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The UPS Store San Francisco, CA 94104	OFC			\$9.28
The UPS Store San Francisco, CA 94104	OFC			\$19.60
Uber San Francisco, CA 94105	TRC			\$11.94
Uber San Francisco, CA 94105	TRC			\$12.27

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$53.09

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2569 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber San Francisco, CA 94105	TRC			\$19.33
Uber San Francisco, CA 94105	TRC			\$2.00
Uber San Francisco, CA 94105	TRC			\$92.61
Uber San Francisco, CA 94105	TRC			\$29.53

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$143.47

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2570 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UberConference San Francisco, CA 94115	OFC			\$16.51
UberConference San Francisco, CA 94115	OFC			\$16.51
UberConference San Francisco, CA 94115	OFC			\$16.51
UberConference San Francisco, CA 94115	OFC			\$16.59

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$66.12

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2571 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UberConference San Francisco, CA 94115	OFC			\$16.59
UberConference San Francisco, CA 94115	OFC			\$16.59
United Airlines Elk Grove Village, IL 60007	TRC		7/13/17, Airfare, San Francisco, CA, Campaign Event, 1, Candidate	\$283.20
United Airlines Elk Grove Village, IL 60007	TRC			\$97.20

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$413.58

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2572 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Airlines Elk Grove Village, IL 60007	TRC		9/23/17, Airfare, San Francisco, CA, Campaign Event, 1, Candidate	\$301.20
United Airlines Elk Grove Village, IL 60007	TRC		9/23/17, Airfare, Santa Barbara, CA, Campaign Event, 1, Candidate	\$301.20
United Airlines Elk Grove Village, IL 60007	TRC		10/1/17, Airfare, Chicago, IL, Campaign Event, 1, Candidate	\$216.20
United Airlines Elk Grove Village, IL 60007	TRC		10/1/17, Airfare, Chicago, IL, Campaign Event, 1, Candidate	\$149.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$967.60

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2573 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Airlines Elk Grove Village, IL 60007	TRC		10/5/17, Airfare, San Francisco, CA, Campaign Event, 1, Candidate	\$997.20
United Airlines Elk Grove Village, IL 60007	TRC		11/12/17, Airfare, Miami, FL, Fundraising Event, 1, Candidate	\$129.00
United Airlines Elk Grove Village, IL 60007	TRC		11/12/17, Airfare, Miami, FL, Fundraising Event, 1, Candidate	\$525.20
United Airlines Elk Grove Village, IL 60007	TRC			\$7.99

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1659.39

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2574 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vagabond Inn Executive SFO Airport Burlingame, CA 94010	TRS		11/16/17, Lodging, San Francisco, CA, Campaign Meeting, 1	\$217.62
Viceroy L'Ermitage Beverly Hills Beverly Hills, CA 90210	TRC		8/17-8/19/17, Lodging, Beverly Hills, CA, Campaign Event, 1, Candidate	\$290.88
Virgin America Burlingame, CA 94010	TRS		8/22/17, Airfare, San Francisco, CA, Campaign Meeting, 1	\$126.40
Virgin America Burlingame, CA 94010	TRS		8/21/17, Airfare, Los Angeles, CA, Campaign Event, 1	\$120.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$754.90

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2575 of 2602

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Virgin America Burlingame, CA 94010	TRS			\$98.20
Virgin America Burlingame, CA 94010	TRS			\$48.20
Zero Zero San Francisco, CA 94107	MTG	Appetizers Only		\$592.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$738.40

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**FPPC Form 460 (June/01)**  
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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2576 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Anne Lewis Strategies, LLC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook, Inc. Menlo Park, CA 94025			Online Ads	\$32,476.00
Facebook, Inc. Menlo Park, CA 94025			Online Ads	\$32,476.00
Facebook, Inc. Menlo Park, CA 94025			Online Ads	\$32,476.00
Facebook, Inc. Menlo Park, CA 94025			Online Ads	\$18,900.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$116328.00

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# Schedule G

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SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2577 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Anne Lewis Strategies, LLC

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook, Inc. Menlo Park, CA 94025			Online Ads	\$32,476.00
Facebook, Inc. Menlo Park, CA 94025			Online Ads	\$32,476.00

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**TOTAL\*** \$64952.00

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2578 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
First Foundation Bank

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Comite Civico Del Valle Brawley, CA 92227	CVC			\$5,000.00
Community Water Center Visalia, CA 93291	CVC			\$2,500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$7500.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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SCHEDULE G

Statement covers period from 07/01/2017 through 12/31/2017		<b>CALIFORNIA FORM 460</b> Page 2579 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Teena Hostovich

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The California Club Los Angeles, CA 90071	FND			\$3,409.36

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3409.36

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2580 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Intuit, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.82
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81
Joseph D. Freeman San Francisco, CA 94109	SAL			\$1,474.88

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8515.32

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2581 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Joseph D. Freeman San Francisco, CA 94109	SAL			\$2,051.29
Joseph D. Freeman San Francisco, CA 94109	SAL			\$2,051.29
Joseph D. Freeman San Francisco, CA 94109	SAL			\$2,051.29
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8299.33

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2582 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Intuit, Inc.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9387.24

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2583 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Intuit, Inc.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.82
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.82
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9387.26

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2584 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Intuit, Inc.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lindsey G. Cobia San Francisco, CA 94104	SAL			\$2,346.81
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.77
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9067.80

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2585 of 2602

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NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.77
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8724.15

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2586 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8581.84

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2587 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Daniel J. Lopez Valley Glen, CA 91607	SAL			\$2,145.46
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8724.14

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2588 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.77
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.76
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.77
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9151.06

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# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2589 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

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1375287

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.77
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.76
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.77
Kaitlin J. Prisco-Buxbaum Los Angeles, CA 90033	SAL			\$2,287.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9151.06

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**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2590 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Daniel J. Lopez

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95811	CTB			\$40.00
741666 California Democratic Party Sacramento, CA 95811	CTB			\$300.00
741666				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$340.00

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2591 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Dan Newman

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Airlines Elk Grove Village, IL 60007	TRS		10/22/17, Airfare, Los Angeles, CA, Campaign Meeting, 1	\$589.40

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$589.40

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2592 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
SCN Strategies, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS		8/22/17, Airfare, Burbank, CA, Campaign Event, 2	\$876.61

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$876.61

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 07/01/2017 through 12/31/2017	<b>CALIFORNIA FORM 460</b>
	Page 2593 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

**NET** \_\_\_\_\_  
(May be a negative number)

\*\* If Required

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 2594 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Newsom for California Governor 2018

I.D. NUMBER  
1375287

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/7/2017	Stripe, Inc. San Francisco, CA 94110	Fee Adjustment	\$88.02
8/9/2017	Stripe, Inc. San Francisco, CA 94110	Fee Adjustment	\$38.78
7/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$1,492.59
7/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$6,480.24
8/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$6,791.45

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

### Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

**TOTAL** .....

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2595 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. NUMBER 1375287
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
8/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$1,510.95
9/15/2017	Stripe, Inc. San Francisco, CA 94110	Fee Adjustment	\$101.80
10/9/2017	Stripe, Inc. San Francisco, CA 94110	Fee Adjustment	\$20.22
9/30/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$1,467.24
9/30/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$6,599.82

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

### Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period. ....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

**TOTAL** .....

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2596 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. NUMBER 1375287
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/23/2017	Anthem Blue Cross Newbury Park, CA 91320	Refund	\$1,282.60
11/8/2017	Stripe, Inc. San Francisco, CA 94110	Fee Adjustment	\$23.57
10/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$7,079.62
10/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$1,527.52
11/30/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$1,596.17

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

### Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period. ....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

**TOTAL** .....

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	Page 2597 of 2602

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Newsom for California Governor 2018	I.D. NUMBER 1375287
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/30/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$7,239.01
12/13/2017	Stripe, Inc. San Francisco, CA 94110	Fee Adjustment	\$34.03
12/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$1,719.92
12/31/2017	First Foundation Bank Sacramento, CA 95815	Interest Earned	\$8,011.26

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$53,104.81

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$53,104.81
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$53,104.81

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC4092  
Contribution Refunded

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Memo Reference: INC4274  
Contribution Refunded

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Memo Reference: INC4698  
Contribution Returned

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Memo Reference: INC5137  
Contribution Returned

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Memo Reference: INC5411  
Contribution Returned

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Memo Reference: IDT88242  
Contribution Refunded

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Memo Reference: IDT88243  
Contribution Refunded

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Memo Reference: IDT89364  
Contribution Refunded

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Memo Reference: IDT89365  
Contribution Refunded

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Memo Reference: IDT91061  
Contribution Refunded

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Memo Reference: IDT93672  
Contribution Refunded

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Memo Reference: IDT94583  
Contribution Refunded

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Memo Reference: IDT97389  
Contribution Refunded; See Sch. E

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Memo Reference: IDT107069  
Contribution Refunded

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Memo Reference: IDT105794  
Contribution Refunded

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Memo Reference: IDT107071  
Contribution Refunded

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Memo Reference: IDT108877  
Contribution Refunded

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Memo Reference: IDT107963  
Contribution Refunded

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Memo Reference: IDT108878  
Contribution Refunded

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Memo Reference: EXP4749  
Contribution Refunded

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